SURVEY MIDMONTHLY

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MODERN OLD AGE

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SURVEY MIDMONTHLY

VOL. LXXXII NO. 4 JOURNAL OF SOCIAL WORK APRIL 1946

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Survey Midmonthly's series of special "from war to peace" features, which began in July 1945 with the problems of our oncoming generation of returning servicemen, turns this month to the troubles of that older generation who have seen three wars during their life span. For over two decades their numbers and their needs have been increasing. With war pressures now removed, it is a hopeful sign to find "geriatrics" on everybody's tongue.

Any way you look at it, the contributors to this quartet of articles are "representative." They stretch across the continent—from New York to Cleveland, St. Paul, and Vancouver. Topically, the points of their departure run the gamut of employment, casework, health, and recreation. Tying them together expresses our conviction that we must have planning to integrate the particular approach for which they speak. Old age, they feel, need not be a problem but a fruitful asset to the individual and his community—provided we put to work constructively our knowledge of how to make it so.

GENEROUS GESTURE

Clare Boothe Luce believes that physicians, surgeons and dentists ought to be allowed to deduct from their income tax the cash due for time devoted to charity, free clinics, and public research work. At any rate she's introduced a bill in the House which would authorize them to do so.

"RECREATION FOR EVERYBODY"

The idea that recreation no less than welfare and health, needs the backing of a federal program apparently will not be downed. Meeting at Atlantic City, the Society of Recreation Workers of America went on record as favoring appropriate legislation to create a "federal service" and requested "the National Recreation Association to take the initiative in working with us on a nationwide study of the type of legislation which would best serve this purpose."

EX POST FACTO

Historic "Order No. 1" issued by Brigadier General Hines in May 1944, by which representatives of the Veterans Administration, U. S. Employment Service and selective service were authorized to set up veterans service centers, was revoked last month by Lieutenant General Erskine, present head of the Retraining and Reemployment Administration. Most communities didn't wait for this cumbersome trinity to get started, so status of their present centers will remain unchanged.

BOY MEETS GIRL

According to a news item, two centuries of tradition were shattered when Princeton University announced that thirty-eight veterans and their wives would be housed at David Brown Hall, fifty-three-year-old campus building. . . . The press release we saw, however, didn't say whether or not anything was shattered when Vassar College recently decided to admit male veterans as nonresident students.

THOUGHT FOR THE DAY

No doubt because Westminster College of Fulton (Mo.) has so recently acquired distinction as a sounding board for issues that now confront mankind, an article in the February issue of the *American Sociological Review* recently caught our editorial eye. With all the courage of Westminster's illustrious international visitor, Professor Chester Alexander, a member of its faculty, harpoons those critics who would amiably dismiss sociology's claims to stature as an "exact" science. How exact does sociology have to be, to be exact, he pertinently inquires. Half as exact as medical science? Or must it be three quarters? The answer, we are glad to learn, is the one on which we were brought up. Science is still merely a method with these component parts: observation; hypothesis; assemblage of known facts, new facts, and experimentation to test the hypothesis; recording the results. This seems a procedure which we should have no qualms in urging upon the social work profession.

MARITAL NOTES

Marriage rate in New York State was 40 percent higher in the last six months of 1945 than for the corresponding six months of 1944. . . . Eighty percent of the cases referred by the Cincinnati Court of Domestic Relations to the Catholic Charities before a divorce petition was filed, have been satisfactorily adjusted, according to Frederick A. Breyer, chief probation officer.

WITHOUT ORATORY

With an unprecedented lack of oratory and opposition, New York State is now engaged in the most fundamental reorganization of public welfare services in its long history. How abolition of settlement requirements, consolidation of county services, revamping of the State Department of Social Welfare will better serve the interests of the client (and the taxpayer too, for that matter) is clearly and concisely told by Lee C. Dowling, first deputy commissioner, in this month's lead article (page 99).

"OVER-ALL"

Despite T. D. Eliot's delightful exposé of this much abused word (see *Survey Midmonthly,* December 1945) "over-all" seems to just fit the effort now being made by the American Public Welfare Association to revamp the country's

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public assistance policy. H. R. 5686 introduced on March 6 by Representative Aime J. Forand with its backing, would extend federal aid to general or "home" relief, abolish settlement requirements, call for unified administration, and make many other changes essential to a "Comprehensive Public Welfare Program." That's the title of the act. See page 115.

TRANSITION?

January's number of unemployed in the nation was 300,000 more than in December. . . . Employable persons receiving general assistance in Pennsylvania during January were up 20 percent from the 1945 low. . . . On February 25, some 500 youths, mostly GI's, descended on New York State's capitol at Albany to demand a bonus, housing, and a free state university.

HONORS

To John R. Mott, president of the World Alliance of the YMCA, the Prince Carl Medal for distinction in national and international humanitarian work by King Gustav of Sweden. . . . To Lester B. Granger, executive secretary of the National Urban League, the Distinguished Civilian Service Award, by the Secretary of the Navy. . . . To G. Howland Shaw, well known American penologist, the Laetare Medal "for outstanding work in the field of delinquency prevention and treatment."

GOOD WILL

Readers of *Survey Midmonthly* no doubt have noticed the full page advertisements by the American Friends Service Committee urging the extension of voluntary and government relief to German children this winter. Recently someone reprinted one of these ads and passed out 5,000 copies on a Chicago street. One thousand people signed the little box in the corner and sent it in to the society's headquarters in Philadelphia. A 20 percent return on a throw-away gives truly remarkable evidence of the innate persistence of "good will" in the average American.

TRANSFERABLE IDEA

To one who recalls the institutions of his home town, the sight of familiar yet forbidding walls, curiosity about the life that went on behind those walls, and wonder at the occasional sight of "inmates," usually marching two-by-two, are familiar memories. The idea that those who are confined to hospitals should not be cut off from the community around them is at the base of the USO program discussed in this issue by David Danzig, national director of USO program services. Although Mr. Danzig writes of disabled men in VA hospitals, the principle bears thinking about in terms of the relationship of other institutions to the community.

MAGNANIMOUS

"Uncle Sam's . . . welfare functions are a crazy-quilt of waste, overlapping, duplication and misdirected effort." So goes a quote from a quote, both primary and secondary sources of which we are very happy to share with our readers. The primary source is from a very cordial (but, we fear, form) letter from the office of *Coronet*. The secondary source is said to be an article by Mrs. Eugene Meyer, entitled "Wanted: A U. S. Department of Welfare," which, we are asked to inform all interested persons, will appear in their May issue. We see no good reason why we should not comply with this request from a (wishfully speaking) competitor, especially as it gives us a chance to note that our readers were well advised of this subject matter some eight months ago in Leonard Mayo's article "A Cabinet Post for the Home Front." (See *Survey Midmonthly*, August 1945.)

CHATTER

Seventy-seven veterans were enrolled for full or part time study during the winter quarter at the New York School of Socal Work. • • Nineteen forty-six USO campaign probably will be for about $20,000,000. The program is expected to continue until December 31, 1947. • • First director of the new division of adult hygiene and geriatrics of the Indiana State Department of Health will be Dr. William F. King, formerly state health commissioner. • • Minimum food costs for a family of five have risen 14 percent since June 1943, according to the New York Budget Council. • • At its Columbus convention the Federal Council of the Churches of Christ in America renounced "the pattern of segregation in race relations as unnecessary and undesirable and a violation of the Gospel of love and human brotherhood.

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Making Public Welfare History

The reorganization of the N. Y. State Department of Social Welfare discussed by LEE C. DOWLING, first deputy commissioner.

IN THIS POSTWAR YEAR, NEW York State has set itself to the task of reconstructing its 300-year-old local public social service structure. The 175-year-old intrastate settlement system is being abolished. The localities' share of the cost of the four public assistance categories—old age assistance, aid to dependent children, assistance to the blind, and home relief—is being pegged and stabilized at 20 percent. The annual public welfare bill, including public assistance, is approximately $170,000,000. Seven thousand people are employed in the execution of the programs that it pays for. New York is doing all this, and more, in order to modernize its welfare structure so that people will be served promptly, more adequately, more efficiently.

The legislation needed to accomplish this purpose has been passed by the legislature and approved by Governor Thomas E. Dewey. When the reorganization which it authorizes has been carried out, applications for all types of assistance and care will be made at a single local office. Visitation, and investigation of a family's needs, will be done by a single agency. There will be uniform standards of assistance and care within an individual county. A simple residence system will be set up, and both settlement and residence requirements for public assistance will be eliminated. Other obsolete practices will be discarded, red tape will be cut, and people will no longer have to shuttle from one agency to another.

Background: The Problems

New York State has had an unenviable reputation as the possessor of the most complicated local welfare system in the United States, and the changes called for by this legislation are the most extensive ever made at one time in the state's history. But the solutions arrived at came not by resorting to some ready-made or arbitrary pattern, but as a result of carefully conducted studies of New York's own peculiar problems. Indeed, the fact that only one vote was cast against its bill is eloquent testimony to the thoroughness of the committee's procedures of fact-finding, public discussions, consultations with the localities, and public interpretation. As a state employe with years of service observed, it was the first time in his long experience that there was "so little opposition and oratory" connected with welfare legislation.

The plan and the legislation to implement it are based upon the findings of the special committee on social welfare and relief of the joint legislative committee on interstate cooperation, of which Assemblyman Harold C. Ostertag is chairman; and the Commission on Municipal Revenues and Reduction of Real Estate Taxes, of which State Comptroller Frank C. Moore is chairman. These committees have been at work for two years.

To understand the scope and significance of the plan, one must glimpse something of the maze of local agencies, programs, and financial policies through which these committees had to find their way.

The local pattern of administration is distinguished by its lack of uniformity. In fifty-eight counties, for example, there are county welfare departments which administer all or nearly all public welfare programs. But in some counties there are also cities which have their own public welfare set-ups, administering a number of programs to city residents. Altogether, there are forty-nine of these. Then in six cities (including New York City) there are city public welfare district departments with all the powers and duties of a county public welfare department. In the counties, also, there are more than 700 towns which have welfare offices administering home (general) relief and medical care. On top of this, there are, in eighteen counties, separate county boards of child welfare administering aid to dependent children. Adding to the general confusion are veterans assistance units (started in 1887) in the counties, cities, and towns.

The old intrastate settlement system further adds to the complexity. Persons in need have been given assistance in the city or county public welfare district in which they were found, regardless of their term of residence. However, if the recipient had settlement in another district, the first district charged back the cost to the district of settlement. If the recipient had no settlement in any public welfare district, the state has been billed for the cost.

Settlement has been acquired by residing in a town or city for one year or more without receipt of public assistance and care. It continued until settlement was acquired in another town or city in the state, or until the person lost it by being out of the state for one year.

Altogether, there are over 900 local public welfare agencies in the state administering one or more of eleven programs: home relief, veterans assistance, medical care, old age assistance, assistance to the blind, aid to dependent children, foster care of children, hospital care, care in public homes, other adult institutional care, and burials. There were over 800 agencies administering only one or two programs. Sixty other agencies were administering nine or ten. Of the agencies receiving state reimbursement, there were some 700 that had fewer than twenty-five cases each, while sixty-four agencies had 500 or more cases.

The proportion of costs borne by the federal and state governments was different for each program. As a result, the share carried by the localities varied from one fourth to the entire cost. Bolstering the findings of the special committee were the conclusions of the Commission on Municipal Revenues of Real Estate Taxes which found that local welfare financing was one of the most baffling problems faced by the municipalities. Variations in federal and state reimbursement impeded financial planning. The uncertainties of the home relief caseload, due to unemployment, particularly, was a constant threat to the financial stability of the municipalities.

Program Proposed

With such basic facts as these in hand, the committee, comprised of legislators, public welfare administrators, representatives of county, city, and town officers groups, and others, took them to the localities through a series of eleven regional conferences held throughout the state. Hundreds of public welfare officials, municipal officers, representatives of private social agencies, and interested citizens attended these conferences. Everyone with any contribution to make had the opportunity to do so.

This in itself proved to be a healthy and constructive experience. It focused attention on an important public service and its problems. The public had an opportunity to see a group of its legislative and administrative servants painstakingly at work seeking ways and means of improving government services.

Brought together by a commttee appointed by Governor Dewey in March 1945 to coordinate the findings of the two studies, the legislation finally formulated

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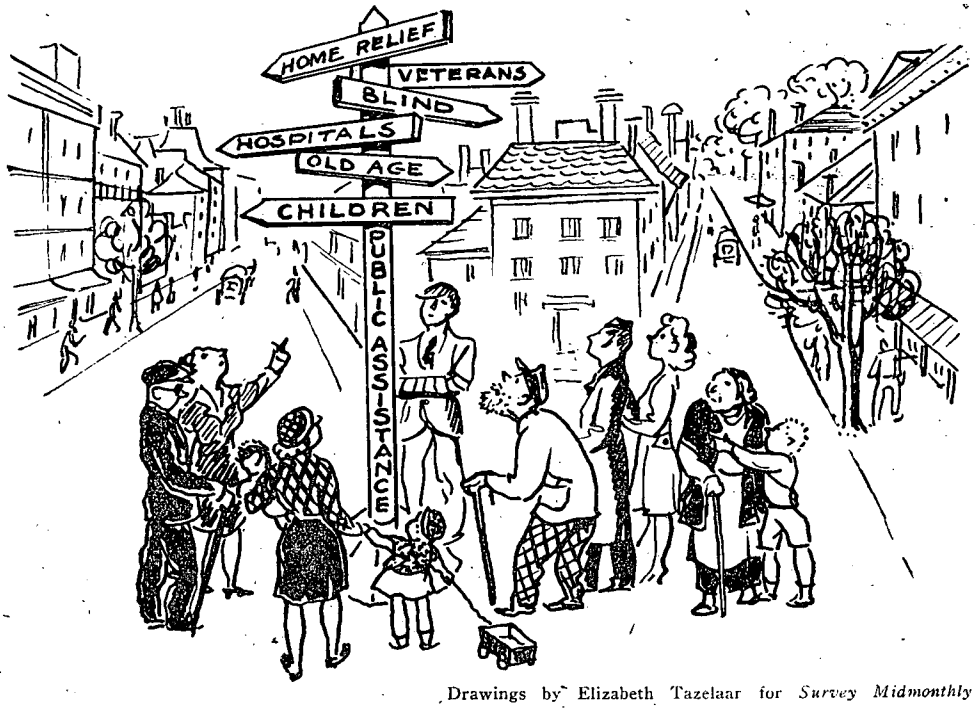

Drawings by Elizabeth Tazelaar for *Survey Midmonthly*

was based on these major conclusions:

That "it was the overlapping, conflicting, or competitive aspects of these uncoordinated interrelationships (of agencies, programs, and financing) that react upon persons in need and complicate the administration of public welfare."

Further that "difficulties and confusion arise for the person in need *not* from the *number of programs,* but from the fact that he must go to different agencies, with overlapping jurisdiction, which are responsible for the administration of these programs."

Finally, that the confusion of financial arrangements, especially those affecting the four public assistance programs, could be substantially alleviated by stabilizing the rate of state reimbursement to the localities.

The plan itself roughly falls into four major divisions, the first of which calls for a countywide plan of administration to cover all public welfare agencies and all public welfare programs within the county.

No single statewide pattern of administration could be found to meet the wide range of local circumstances inherent in rural, urban, agricultural, and industrial sections of the state, or to resolve practically the many problems associated with revising a vast public service structure. Consequently, a number of optional administrative arrangements are offered to the counties and the city or cities within their borders. For example, cities with a population of 50,000 and over may become independent welfare districts. Each option, however, is designed to maintain the central purpose of satisfactorily integrating all welfare services.

Within the limits of these alternating options, the countywide plan must be submitted to the State Department of Social Welfare for approval. The new rate of reimbursement for public assistance will not become permanently effective unless the state department approves the plan. The plan also will be subject to approval and at least annual review by the State Department of Social Welfare.

In general, the plan "shall include provision for ready access to services on the part of citizens of every county; provision for integration of social service staffs dealing with citizens of the county; provision for establishing standards of assistance and care; and provision for assurance of needed service to eligible persons regardless of the rate of reimbursement, if any. This plan shall also include a description of the methods of administering assistance within cities located in the county under any of the options which may be selected by such cities. The plan shall also guarantee that adequate office facilities and arrangements for full time service to applicants will be maintained in the towns where the welfare officer arrangement is contemplated."

In all of these plans, the towns may have offices where applications for all welfare services can be made by town residents. Under one option, towns may authorize and grant home relief and medical care, with investigation of need made by the county. The legislation also abolishes the remaining boards of child welfare.

Finally, the special committee last year brought about legislation which made cash relief mandatory in home relief, thus placing all public assistance on a cash basis. It also liberalized and simplified the eligibility requirements for aid to dependent children.

The second part of the plan abolishes the settlement system. Facts gathered by the committee showed that this system consumed almost one fifth of the time of welfare administrators in investigations, bookkeeping, correspondence, court proceedings, and interagency disputes. No locality really gained or lost in the charge-back-the-cost process because the income and outgo, in the long run, usually struck a balance. Moreover, a needy person suffered because he might be caught in the middle of a dispute between two agencies.

In the future, local residence requirements will be used in determining financial responsibility only in those cases which call for hospitalization, institutional care, or foster care of children. State residence is acquired by residing for one year in the state, elsewhere than in a hospital or institution, on a military reservation or, in the case of a minor, in foster care under the supervision of an authorized agency. State residence is lost by one year's absence from the state, unless such absence is due to service in the armed forces or the merchant marine. For those people who do not have state residence, the state itself will bear all the costs of care. The new legislation also provides ample protection for localities that have special problems because of the location within their boundaries of state or federal institutions. In addition, special protection is provided for communities in which, or near which, there are veterans facilities, military reservations, or tuberculosis sanatoria.

The third part of the plan deals with state reimbursements to localities. Here the commission, headed by State Comptroller Moore, proposed that the local share of expenditures for home relief, old age assistance, aid to dependent children, and blind assistance be stabilized at 20 percent. By the old local rates, the state had met approximately 60 percent of the cost of home relief, 50 percent of aid to dependent children, and 25 percent of old age assistance and assistance to the blind. This will give the localities financial pro-

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tection against upward fluctuations in these programs; will correct the complexity of varying rates of reimbursement, and will aid the municipalities in their fiscal planning. The state will absorb fluctuations in the federal share.

As already pointed out, the new rates of reimbursement, which started as of January 1, 1946, will not be continued after January 1, 1947, in a particular locality unless the public welfare district has established an integrated welfare program, in accordance with the proposals of the special committee. The state feels that the added financial burden it is assuming will not be justified without assurance of a simplified plan of administration to serve individuals and families in accordance with their needs.

Another constructive change in fiscal procedure is the plan whereby the state will advance quarterly to the localities sums of moneys representing a significant proportion of the state and federal share of welfare expenditures needed the next quarter. In the past, the state reimbursed the locality for its share of welfare costs after it had made the first expenditure. The time lag involved in submitting and honoring local claims was considerable. As a result, in periods of financial stress some municipalities were compelled to borrow money to make welfare payments toward the end of the year, even though funds were due from the state. Then, again, some local units were forced to withhold welfare checks from recipients until the state had reimbursed on the localities' past claims. The advance allotments will end these practices, make for better welfare-fiscal planning, yet protect state funds.

Finally, with increased financial participation, the plan puts upon the state a greater obligation for the maintenance of high local standards of welfare administration. In the past, the state has been too inclined to look at the parts of the local welfare administration rather than the whole. By requiring county and city public welfare districts to present administrative plans involving all agencies in the county, the new law will focus the State Department of Social Welfare's supervisory efforts on the total welfare set-up of the community and the important elements in it.

Commissioner Robert T. Lansdale is now effecting an equally fundamental reorganization of the State Department of Social Welfare to carry out the state's new supervisory functions. Among other improvements, this reorganization places in one division, under a deputy commissioner, all those functions which are concerned with local operations. The state thus will have an integrated program of supervision involving public assistance, child welfare, adult care, and medical services. The total resources of the department will be made available to the localities more promptly and effectively.

The special committee on social welfare and relief is not through with its work. Subcommittees are dealing with the public welfare aspects of foster care for children, adult institutional care, and hospitalization programs. But a big step forward has already been taken towards a total reorganization of the state-local welfare set-up. Taken together these fundamental improvements are introducing a new era in public welfare administration in New York State.

While the ideal is far from being achieved, and while much remains to be done, the positive gains are clear. Without anticipating the results of the current activities of the special committee, one can fairly say that at no other time in New York State's history has there been so much effort on behalf of public welfare administration—and the needy persons whom it serves.

Bridging the Gap

Folks in hospital towns help veterans take their first steps into normal living, says DAVID DANZIG, national USO program director.

When combat casualties first began to return to the army and navy hospitals in this country there were, situated in hospital communities, more than three hundred USO clubs which had originally been set up to serve men in camps training for combat. Faced with the radically different needs of these men who were returning from combat and entering hospitals, USO staff found that there were immediate questions to be asked and answered in planning programs for amputees, plastic surgery cases, psychoneurotics, neurosurgical, blind, deaf, and many others. For the needs of these men stemmed from long isolation from American community life, from the effects of the ordeal of combat, from physical disability or illness, and from confinement in a hospital.

In consultation with hospital medical authorities, it had been recognized that USO services would be most effective when they were used to further the "resocialization" of the convalescing man who had been returned from overseas combat. Typical USO services—community recreation activities, religious and personal services, and informal educational activities—were seen as possible social experiences for the hospitalized man, in which his handicap, disability or convalescence could be accepted for the real limitation it was, while the personality of the individual remained the center of interest.

The fact that USO was a part of normal civilian life in the community was a decided advantage for both patient and community. The civilian in the USO club could learn to look upon the man as a person rather than to react to him as a patient. And the hospitalized man could begin again to relate himself to others in terms of his personality, rather than in terms of his illness, which factor could not help being a large part of the basis of his relationships within the hospital.

Part of Community Life

The value of this program for the hospitalized man has resulted from its being part of the normal community social life to *all* servicemen, while taking his particular needs into account. It was evident, for example, that amputees as a group needed a gradual reintroduction to civilian community life. On the whole, it would do no good for them to be suddenly brought into contact with civilian life, each facing alone that which he had never before faced as a handicapped person. Since some type of group reintroduction seemed indicated as a first step so that each man would support the other until each one felt more at ease, clubs near amputation hospitals, with the cooperation of the medical authorities and the Red Cross, arranged special parties that took place in the early afternoon hours. At these times, there were few other servicemen and volunteers in the USO clubs.

The men were invited to take responsibility for little jobs which were part of the occasion. One man might be asked to select and change victrola records, another to help a junior hostess prepare sandwiches, a third to take photographs, serve refreshments or to make any simple contribution that might be asked of a person at a group affair. They soon came to know these few volunteers and to feel at ease. Then the hour was changed to

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U. S. Army Signal Corps

Friendly townsfolk offer young patients a normal homelike evening

a time when there would be a majority of other servicemen, not amputees, in the club. Soon they were finding their own place in the various activities which were a regular part of the social life of the club.

A Planning Problem

Planning for the participation of hospitalized men presented a challenging problem: how could activities be planned with full recognition of a disability (or convalescence) as a limiting factor, a problem that the man himself had to cope with, without losing sight of the necessity to base planning wholly upon his interests as they related to his personal needs? Successful activities owed much to the fact that the special planning which went into them was not evident.

In one club frequented by men with arms in airplane casts, awkward writing tables and lounge furniture were unobtrusively shifted to make more accommodating facilities.

In clubs near amputation centers, soft lighting was used in the dance hall, and small tables under which tired limbs could be relaxed without concern, were placed about in cabaret style. Junior hostesses, noticing signs of fatigue in a dancing partner who was getting accustomed to his prosthetic appliance, learned not to play the role of protector by saying "you look tired" but rather to say, "I'm tired. How about a seat and a cup of coffee?" Slow and easy waltzes were played rather than the jitterbug variety of dance music.

Clubs near centers for the blind, placed the furniture in the most convenient manner and saw it was always kept in that arrangement so that it became familiar to the men and useful in guiding themselves about. Junior hostesses and senior volunteers attended with increased regularity so that the blind could become accustomed to familiar voices, and some of the nuances of personality came through for men who were learning to feel themselves in contact with civilians again.

Strong, clear lighting was used in clubs near centers for the deaf. These men were helped to listen by being able to see clearly the facial expression of the speaker. For some men, often those suffering from combat fatigue or psychoneuroses, picnics and outdoor events which made possible a great variety of ways to participate in activities seemed the best reintroduction to normal social life and contact with girls in a civilian atmosphere. In another place, the club entrance was altered so that men in wheel chairs had easy access to the club without assistance.

In yet another location, additional ping-pong and bowling equipment was obtained and tournaments became popular throughout the community. A man undergoing plastic surgery or a man with one arm could bowl or play table tennis as well as the next person. It is far easier for a man whose face lacks a nose, an ear, or is covered with scar tissue—a man capable at table tennis, bowling, checkers, horseback riding or archery—to enjoy competing with a pretty junior hostess in such fashion than to sit and talk or even dance; although that, too, may come easily after acquaintance dims the prominence of the disfigurement.

A Volunteer Reports

Helped by orientation and training courses, many volunteers have been quick to grasp the human meaning in the objectives of this program, as an excerpt from the report of one volunteer indicates:

"He came into the lounge at about 9 P.M. last week. A pilot, leaning on a cane, thin and weary, trying to carry a small suitcase and his overcoat. I fairly leaped up to help and was promptly checked by a cold glance, a curt refusal, and impatiently waved away. He made slow progress to a chair, dropped down and looked us over in a disinterested, impersonal way.

"He stayed until 11 P.M., politely but firmly discouraging my attempts to be helpful, and all efforts at friendly conversation. Clearly, he wanted nothing from me, but I was very uncomfortable. . . . Honestly, I never wanted nor tried so hard to find that right word, that approach I knew would be there if I could only be clever enough to think of it.

"Finally it was time to close; he was passing the desk as I picked up my coat, and it was automatic when he asked, 'May I help you?' I almost made another mistake, but thank heavens, realized in time that here was the answer to the situation I had worried over for two hours. Balancing precariously (so it seemed to me) and with me holding my breath, he helped me with the coat, and we left the lounge. I let him struggle with the overcoat and suitcase—and it was the hardest thing I had done all evening—watching that boy trying to manage his cane, overcoat, and suitcase; but he smiled when he turned and said he had another hour to wait, would I have a cup of coffee.

"Well, I certainly didn't want any coffee, but felt sure that I was on the way to an answer to some of the questions I had been asking myself, and the solution in part to his problem; so we made a slow, careful trip to the coffee shop and this time *he* opened doors, lighted cigarettes, and for the first time talked—not coldly and brusquely, but in an easy and friendly way. I missed my usual train by fifty minutes, but learned a lesson I evidently needed very badly: that sometimes it is much more important to let these injured men help you, or at least help themselves, than to offer them too much efficient, competent assistance, however

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well-meaning we are in our desire to help."

It is true that the discipline necessary to act consistently upon such understanding is achieved only by a select number of people, and is gained only after experience, practice and helpful supervision. But, in general, it is effective volunteer assistance which has made it possible for the program to be an individualized program. The personal contact with the volunteer has provided the most reassuring step for many men moving from the protective confinement of the hospital to the confusion of civilian social life. Acceptance by the volunteer—whether at a fish-fry high in the mountains that surround Fitzsimmons Hospital at Denver, at a barbecue not far from Brooke General at San Antonio, or in the lounge at the USO club at Atlanta, near Lawson General Hospital—links the man with the civilian community and emphasizes the identity with civilian life which he feels and wants recognized.

Volunteers have learned not to react to disabilities, disfigurements or unusual behavior, but to relate themselves to the individual person. For example, the soldier who aggressively accosted a young volunteer by unwrapping the bandage from his mutilated hand and waving it before her did not find her shrinking in fear. On the contrary, her sympathetic interest easily transferred the situation into a discussion of the medical process by which his mutilated hand was being restored—a process in which he himself was truly interested.

In many locations, the easy communication between volunteers and servicemen is such that without the slightest hesitation the men may ask for assistance in adjusting the shoulder strap of an artificial arm, or to borrow a screwdriver to tighten the screw in a prosthetic limb. In many communities, volunteer training has included talks by army and navy doctors on the medical problems of the men. Sometimes a demonstration of the mechanics of appliances helps considerably to put volunteers at ease with the men.

USO-National War Fund

USO-National War Fund

Small tables, cabaret style, invite relaxation without spoiling fun

Taking Program Resources Inside

Although most of this program takes place outside the hospital, the community, through USO, has made its contribution within the hospital. This program is supervised by the recreation and welfare officer, the special services officer, the Red Cross or the chaplain. A group of junior hostesses for a ward party under Red Cross supervision, or a volunteer speaker for a "job clinic" conducted under hospital supervision, meets a specific need, and stimulates the man's interest in the nearby community. Junior hostesses and other volunteers become acquainted with individual men and this acquaintanceship often becomes the first step in the man's reintroduction to civilian life. Often, activities held in the USO club in the community are stimulated by some expression of interest by the men while they are in the hospital.

As a natural result of contact with capable volunteers, much of the social life of the nearby community is available to the hospitalized servicemen. If a university is nearby, it may provide a "college clinic" for those interested in planning for further schooling. Often trips are arranged to local industries in combination with an informal talk by a labor or industrial leader on the job possibilities in the industry. Homes of volunteers are frequently used for social activities, parties, or interest groups, and guests are invited on the basis of mutual interests.

The relationship between the volunteer and the convalescent man is also often the means through which he achieves more significant self-expression either in the community or in the USO club activities. The blind serviceman who takes his place in the group of volunteers and other servicemen and helps plan the night's entertainment, the writer who lost his hands and dictates his stories to a volunteer stenographer, the former singer with a burned face who was helped to form a glee club, and the former refrigerator mechanic without hands whose interest in "cleanliness" crystallized into a desire to become a health inspector as he talked with a volunteer—these are all taking first steps in building a new relatedness in social life. First steps arising through such contacts are not accidental. They arise because the needs of people require that they happen and the environment and situation provided encourage their expression.

For Families, Too

What is true of the men themselves also applies to their families. A great many wives, children, and parents of hospitalized men move to the nearby community to be as close to the man as possible. Others visit frequently. Every attempt is made to help them feel accepted in the local community. Information and housing service is available at the USO, and if no such service is available in the community, volunteers will take care of children while the mother visits the hospital. Special accommodations have been provided for mothers and children, and often arrangements are made for the hospital bus to make a special stop at the USO club, to pick up and discharge visitors.

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Wives and mothers are helped to achieve a realistic understanding of a husband's or son's disability by seeing other men with a similar handicap function socially in an effective manner in the USO club. Members of families are encouraged to take part in the social activities of the club—either as participants or volunteers—and in mingling together learn from each other and lose the not uncommon feeling that they alone are facing a great hardship. This process is also aided by distribution of the material issued by the Surgeon General's office, advising families on the nature of various disabilities.

Agency Contributions

The six agencies of USO, working in terms of common principles and objectives, have brought unique contributions to various aspects of the program. Some have emphasized person to person helping situations; others have had greater experience in understanding the needs of the families, and some have effectively interpreted activities as an instrument to be skillfully used to encourage individual self-expression. As the program has developed, each has learned from and contributed to the knowledge and skill of the others. The total program for convalescents on leave from hospitals, which has evolved, gives some insight into the present and future capacities for service of an agency, its professional workers and the community of volunteers.

In considering this experience, it is important to recognize the basis of its uniqueness. First, these are services for patients who have distinct needs and who are under institutional care; secondly, the services are provided primarily outside of the institution in the community. While caseworkers have had considerable experience in providing this type of service to patients *within* hospitals, and recreational workers (primarily American Red Cross) have had experience *within* hospitals, the providing of such services for patients by a community agency outside of the institution constitutes a radically new adaptation of its services and program.

Its value lies in the fact that it is a *person* centered program. The patient participates, not as a patient, but as an individual social being along with others, some of whom are patients, but most of whom are not. The medical practitioner has been enthusiastic in his recognition of the positive influence such participation has upon the process of convalescence of the patient, to say nothing of its immediate social benefits for the individual.

Yet it is this very goal, of making it possible for the convalescing patient to participate in a "person centered" rather than "patient centered" program that has constituted the primary problem for the entire USO—agencies, professionals, and volunteers. Emphasis upon the special needs and particular problems of patients has not been intended to set them aside and apart as a group. On the contrary, it has been found that only by understanding their different needs and providing for them can it be made possible for them to be brought into the "normal," the larger or "majority" group. Because of the superficial contradiction implied in this positive attitude toward difference within individuals and groups, the concept itself is sometimes difficult to grasp—the application in practice even more so, especially since it lies in a comparatively new area. This phase of USO program expresses an effective use of this concept, and out of it has come a new body of experience which is still to be evaluated.

The second aspect of this experience which has been unique has been the application of the services of a community center agency program to the patients of a medical institution. For, not only has this been a person-centered program which includes patients and responds to their needs, but it also has been a "non-institutional" program. The effect of such a program is to help the individual bridge the gap between the institution and the community. While these particular individuals are, as servicemen, cut off from the community by their military duty, hospitalization intensifies their isolation. The individual needs help in handling feelings of rejection, isolation, and dependency which result in part from this loss of contact with the community. Some of this help must and should come from the community.

Experience of World War I

Evidence of the effect of such isolation can be seen in the hospitals as they were set up for veterans of the last war. While considerable attention at present is being given to the fact that these hospitals became isolated from the *medical profession,* with a consequent deterioration of medical services, it should also be recognized that their isolation from the local communities, of which they are a physical part, was even more final and complete. It should not be too difficult to understand what the individual patient was subjected to in the past by this social isolation. Need this happen to the veteran of World War II? Or have we learned something about the social needs of the individual?

The present Veterans Administration has already taken steps which can help bridge the gap between the VA hospital and the local community, providing that additional support of the right kind comes from the community. With the appointment of Francis R. Kerr as director of special services for VA hospitals, a program is being set up within the hospitals which includes recreation and entertainment, athletics, library and canteen services, as well as the chaplaincy services. USO-Camp Shows is now providing entertainment within VA hospitals as part of its regular schedule. As it is set forth, this program within the hospital has worthy goals.

But the program within the hospital does not in itself meet the social needs of the man in relation to the community—although it can, and should, become the focus around which community resources for use within the hospital, and community acceptance of the ambulant patient and members of his family, are organized. But unless the community itself participates in closing the gap between itself and the patient, it will not be bridged.

Peacetime Need

The USO wartime and current experience in communities near hospitals is a basis for understanding the social needs of veterans in VA hospitals, and how they can be met. Veterans who come to the hospitals to get the medical services they need have a right to expect some social acceptance in the community itself, for themselves and their families. Certainly the more than 100 communities in which there are VA hospitals (eventually to be 183 hospitals in about as many communities) have a responsibility of this kind. Local agencies and communities in which these hospitals are located must be helped to recognize this as a continuing peacetime need for which they have some responsibility. The professional workers in these communities need to play their part in interpreting the need, demonstrating how it can be met, and keeping alive the community interest in service.

For many years to come, the community's relationship to these men will be a measure of the depth of its social conscience. Perhaps some of these communities near VA hospitals will need assistance from the other communities, from the nation, or from some of the national peacetime agencies. For them to request such assistance would be a service to the nation, helping as it would to keep alive the nation's sense of obligation to those to whom it owes so much. The effectiveness of the medical services, important as those services are, and the effectiveness of the leisure time program within the hospital, does not relieve the community of its social responsibilities. While our society rightly requires the individual to find his own place in the community—the opportunities which the individual needs in order to find his place, must be provided in the community life.

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MODERN OLD AGE

In our day, we are living longer. Four authors tell us how we can learn to like it.

Cleveland *Press*

You Cannot Demobilize Old People

A new way to "add life to their years," shown by GEORGE LAWTON, director, Old Age Counselling Service, New York City.

ALTHOUGH in the pre-Pearl Harbor days, men and women over forty found it difficult to get jobs, on December 7, 1941, barriers to the employment of older people were magically dropped. Men and women of seventy and over ran machines in factories, operated elevators, and clerked in stores. They enjoyed watching employment managers struggle, not to ease them out of the office, but to persuade them that the factory had just the jobs they could do.

All of this encouragement and attention to the men and women over sixty and seventy was very heartwarming. As long as a person feels that his services are sufficiently valuable to someone to be worth a wage, he feels secure—no longer an outcast.

But all this is water over the dam now. The reconversion period is bringing older people face to face with their real problem. Peace is *not* an emergency. It does not command all the energies, loyalties, and unified efforts of people as a war does. Unless there is a basic change in our attitude, older persons will be put back on the shelf from which they were snatched two or three years ago. We may expect to hear the cliché "too old to work." Older men and women again will be told: "There are only a limited number of jobs. We must save them for the men and women aged twenty-five to forty because they are the ones who are raising families."

In 1950, according to census estimates, the age group forty-five and older will make up 30 percent of the population or 41,462,000 people out of an estimated total population of 140,561,000. The group over sixty will represent 12.3 percent of the population, or 18,000,000 strong. This number will increase thereafter at the rate of 400,000 a year, so that in 1980 it will represent 21 percent, or 31,308,000 out of a total population of 153,022,000. In 1980, the number of people over forty-five will be 60,000,000 and those under twenty will be about 38,000,000.

Society the Loser

When a skilled carpenter or mechanic who has been doing an A-1 job and earning his own keep is told that he is no longer worth a wage, that is hitting him both in his ego and pocketbook. The economic, psychological, and social consequences are tremendous. There is no way for our economy to escape the cost of having a population where more and more men and women, thanks to medical science, live out their allotted Biblical life span of three score and ten.

To be sure, today we have old age assistance and social security for older people. The elderly man incapable of holding even the simplest job consoles himself as best he can. But a capable older worker who has an old age assistance grant but no occupation is in almost as bad a fix as if he had neither. How can an old person in a state like New York support himself on the maximum grant: $12 a week? He cannot save on rent, so he cuts down on clothes and food. He sometimes cannot leave his room because he lacks suitable clothes. He often does without a midday meal. It is no wonder that old persons refuse old age assistance to stay on a job.

But even if there were more substantial old age assistance and social security allowances, as there should be, the normal older person, given the choice between a congenial job and an income from a federal grant or a retirement pension, would prefer to keep on working as long as he is physically able.

While there is no systematic research to prove it, psychologists and medical men believe, on the basis of their clinical observation, that of two men whose situations are similar in all other respects, the one who keeps on working at a job he likes and can handle will live longer than the one who retires. In any case, we do know that the physical well-being and, to an even greater extent, the mental health of the man or woman over sixty is impaired unless the day is occupied with ac-

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tivities of either personal or social value—preferably an occupation with a wage. Those older people who were employed during the war, but are out of work now, are not going to find it easy to accept idleness, or the sense of no longer being a part of things.

At first they will be bewildered; then will come restlessness and resentment, and a great deal of family friction, as the burden of support is thrown on children.

Next, we may expect all sorts of demands, phrased in financial terms, since that is the chief language of social protest. I am not talking now of efforts to increase old age and social security allowances from their present very low levels. I am referring to the Townsend schemes and "Ham and Eggs Plan," where government financial outlay would be terrific. This kind of demand for more money is in part at least a bid for social recognition sought as consolation for a person's frustrated ego. A neurotic unconsciously either exploits a genuine illness or invents one in order to get attention, acting on the unverbalized feeling, "If you can't give me love, you can give me attention, sympathy," or, on a different plane, "You can give me money." Perpetual idleness will compel our older population to resort unconsciously to such neurotic devices.

This same frustration expresses itself in other ways. Invariably older people have more physical ailments than younger ones. But these ailments, mostly chronic diseases, are often difficult to distinguish from emotional disturbances. Louis Hamman, professor of internal medicine at Johns Hopkins, says that of 500 patients consulting him on purely physical disorders, "there were one third without any discoverable *organic cause for the symptoms of which they complained.*" Of the 500—390 were over forty, and within this group, 159 were over sixty. Persons over forty-five make up one third of first admissions to state hospitals, and if we break this down, the age group over sixty-five makes up one fifth of the total admissions. If our older people lead passive, futile lives, with more time to brood over their ills, fears, and frustrations, they will in the future, even more than now, crowd outpatient clinics with complaints that are not genuinely physical, but often are mental or functional.

Finally, and in terms of the broader aspects of our national life, we must recognize that it is a normal tendency to grow somewhat more rigid and hostile to change and new ideas as we get older. If it is important to have an electorate which is alert and progressive and which participates actively in studying the issues facing the country, we must utilize devices that will help retard the declines which accompany age, and exploit the gains. Otherwise we will have a group of voters who are afraid and ignorant of the present and interested only in the past. A large and constantly increasing portion of our citizens will feel frustrated, hostile, and excluded because they have no definite outlet for their energies and abilities and for their desire to function as part of our society. We must be ready with a plan for older people before mounting social and economic tensions create a new, disruptive minority group.

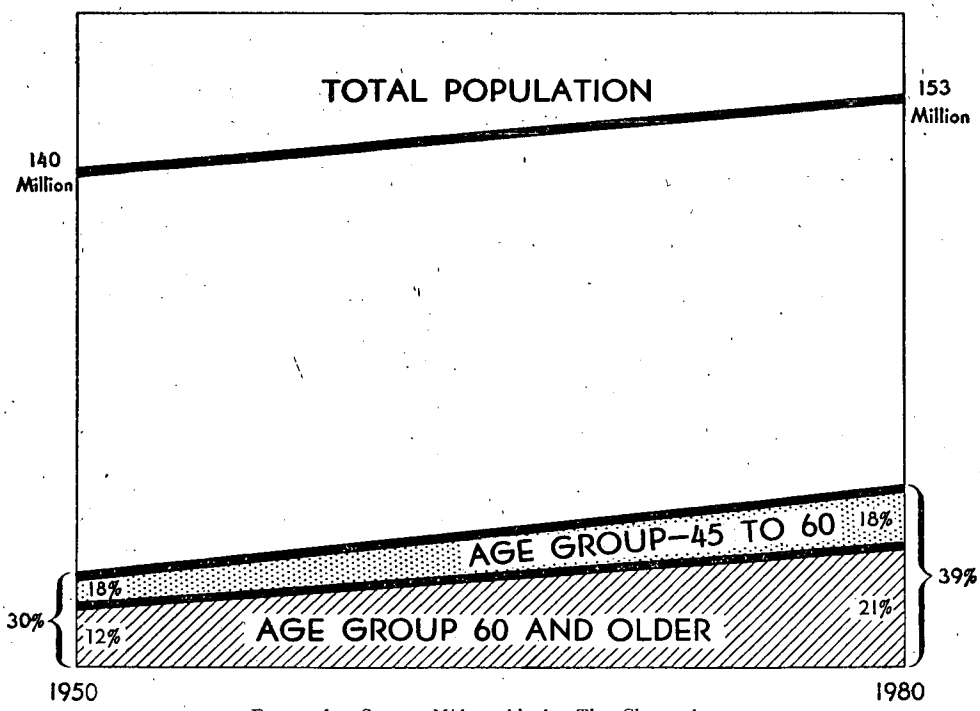
We live in a time of great change and we are bound to adopt a newer attitude towards the place of older people in our society. Certainly there is a dawning consciousness that in the second half of life every man and woman should be regarded as a person whose value is something which he has in and for himself, and that his abilities, his needs, his possible contributions to society should have full recognition.

Age, indeed, should not be looked upon as a liability. There are certain contributions to society which only older people can make. Under normal circumstances, age is accompanied by the "plus" values of wisdom and judgment. Young people need and are grateful for the support which comes from the maturity, self-sufficiency, and emotional independence of older persons. As Dr. Lillien Martin maintained, "It is the duty of society to evolve adults fit for children to live with."

The first and most fundamentally constructive solution of this problem is employment. If there are jobs for everyone who is able and willing to work, as there were during the war years, employment opportunities will be open to older people. If full time jobs are unobtainable for everyone, then there should be part time jobs, a popular practice during the war. In cases where it is proven to be necessary, industry should retain older workers and reduce the hours, arduousness, and complexity of the job in order to accommodate to changes in the worker's pattern of abilities and interests. Unions will see that it is to their advantage to plan for readjustment in wages and job titles wherever older employes are on a modified work program. This will mean acceptance of the theory that being occupied is better than being idle, and that a reduced income is better than no income at all or even a retirement pension.

Over and beyond the basic development of opportunities for employment, we need to develop systematic plans and machinery through which to study the needs of older people, appraise their skills and abilities, and offer them psychological counseling, vocational and educational guidance. There is need for some community agency to direct them to recreations, courses for education and enjoyment, social contacts. That agency ought to have available in one place scientific techniques for measuring, halting, and reversing certain declines which accompany aging, and for indicating ways to compensate for losses by age which are not reversible. Such a service should include working out with the individual some kind of plan to keep alive whatever technical and personal skills he possesses. Psychological rehabilitation is completed only when an in-

AN AGING POPULATION



Drawn for *Survey Midmonthly* by The Chartmakers

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Walter Rosenblum photo. Courtesy Home for Aged and Infirm Hebrews

A craft shop offers the chance for happy use of skills which can no longer be put into gainful employment

dividual is convinced and acts on the conviction that as long as he lives he can start something afresh, look to the future, contribute to some worthwhile activity.

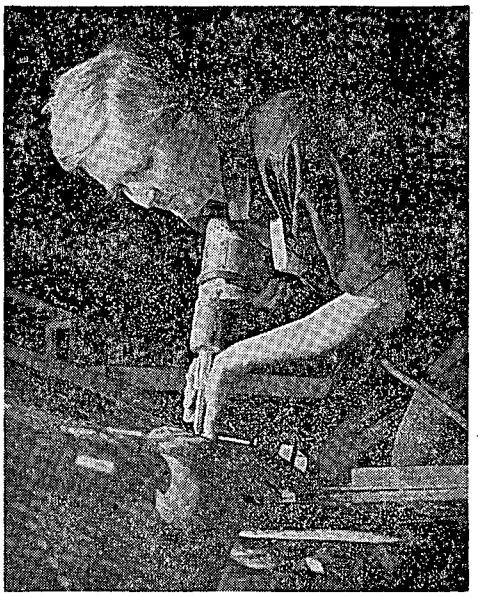
Part of the plan should be to prepare long in advance for retirement. During the transition from a lifelong occupation to substitute vocations and avocations, psychological guidance can help, and an occasional conference will check on the way the retirement period itself is working out.

If employment, either full time or part time, is not feasible, opportunities can be organized for self development through hobbies, handicrafts, the arts, and education of a formal or purely appreciative nature. At the Hodson Community Center in the Bronx, for example, men and women receiving old age assistance participate in a recreational program, paint, write poetry, get out a magazine, hold club meetings, do handicrafts.

Even the physically handicapped can do necessary tasks, as the war showed. Some of the chronically ill, and those in nursing homes, hospitals, old age institutions, are capable of a day's work. For some the work would have to be of the handicraft type which they could do in the institution. There are some, however, who could (and do) hold down a regular job.

With but few notable exceptions, old age homes today simply provide room, board, and medical attention for their members. In the future, however, they will grow closer to the outside world of work, social relationships, and recreations, becoming more like a combination of residence club, community center, workshop, handicraft studio, and adult institute.

In the years ahead, there ought to be a great increase in the number and type of facilities for dealing with older people. Housing projects should be developed with small units architecturally designed to meet the physical and mental needs of later maturity. And for those who can afford it, there ought to be various kinds of congregate living arrangements, large apartments, for example, residence clubs with medical and nursing facilities, and with recreation rooms. Where a county cannot afford any other arrangement for its dependent old people, it might establish a colony near a large community, similar to that at Roosevelt Park, Millville, N. J.



Official OWI photo by Palmer

This skilled war worker is over 60

Those older persons who need considerable nursing attention would be in nursing homes; those who are bedridden would be in chronic disease hospitals.

Most persons when they hear the phrase "the needs of late maturity" think of ways of dealing with the medical and economic requirements of the aged, of increasing their life span, of how to house, feed, and clothe them, and especially how to reduce their demands on our time and attention. In the future, we shall have to do more than that. Older people need not only jobs or substitutes for jobs, but ways of drawing out all their creative abilities. Denied outlets for their ego and imagination, and for the tenderness and emotional warmth afforded by former tasks and relationships, we must so plan that our elder citizens have an opportunity to replace what they have lost.

The war ended before we could prepare the blueprint of a peacetime world in which older people could realize themselves and lengthen their span of social productiveness; add "life to their years, not merely years to life," as one writer on old age has put it.

There are a host of problems to be met. Present individuals in the later maturity age range are depending on a handful of persons, some of whom are social workers interested in planning and caring for the older person; others are professional students of later maturity—the gerontologists and geriatricians.

We may succeed in shelving the forty-plus group again, but if we do, eventually there will be as many of us on the shelf as off!

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Meet Yourself at Sixty-Five

MARGARET W. WAGNER, executive secretary, Benjamin Rose Institute, Cleveland, writes of a casework-based program for oldsters.

"WHAT WILL I BE LIKE when I am old?" You wonder about yourself as of a strange person you expect to meet after crossing the threshold of old age. But that person will be no stranger. He will be you. Except that certain of your characteristics which were less apparent in youth will become more dominant with age, you will be the same person that you always have been.

The most individualistic people we know are the aged. Gone is the youthful ability to ape the other fellow; lost is the middle-aged desire to conform to the Joneses. One of the great privileges of the aged is that they can be themselves, and indeed cannot be otherwise. The wisdom and tolerance and pleasures of maturity compensate for the loss of physical vigor. The arrival of old age does not mean that growth has stopped, for as long as life and our mental faculties endure, we can change and grow.

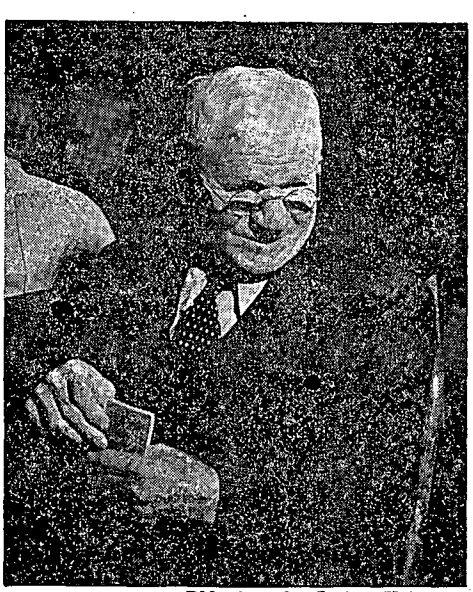
Social work, in the past, has treated the older person as though his life were finished, and thus offered no challenge to its skills. Late maturity has been regarded as a hopeless situation, and efforts to help the aged have been limited to the provision of a comfortable environment to tide over the period between today and imminent death. Our public assistance program attempts to cover the necessities of life, but too often ignores the fact that man does not live by bread alone. We still find unchanged the old poorhouse of fifty years ago, where the aged and infirm are housed with the senile and the sick, where idle days are endless, where drab monotony dulls the senses until death itself is just another step. Private institutions similarly resist change. If a matron is advanced in years and tired, she is all too apt to accept a rigid routine that simplifies her problems.

Fortunately, professional social work, in its sympathies and outlook, is now beginning to catch up with Benjamin Rose, a stern appearing Britisher who came to this country well before the turn of the last century. He became an outstanding businessman in Cleveland, a pillar of the Episcopal Church. As he grew old, left alone after the death of his wife and children, his sympathies were aroused by the tragedies which befell some of his friends and contemporaries. He saw them lose their money, health, and families through no fault of their own. All the community had to offer was the poorhouse.

After his death in 1909, the executors of his estate found that his will established the Benjamin Rose Institute, with a trust fund whose income was to be used in helping men over sixty-five and women over sixty "according to the necessities of each case." For over three decades the institute has been pioneering in the care of older people. An earlier parallel program for crippled children was dropped as other public and private services became more adequate. The wisdom of Benjamin Rose in prescribing that his money be used to meet the "necessities of each case" attracted attention, and its appeal brought other trusts which allowed for further expansion and greater flexibility. A growing endowment carried the institute on many new and untrodden paths. For, as the leisurely simplicity of the horse and buggy days gave way to the accelerated complexity of modern life, it was found that older citizens needed help other than just money. Sometimes they needed no money at all.

Casework Foundation

Good casework service is the foundation of the institute program. For a caseworker is trained to see the individual as a person and to seek an objective understanding of the problems which are peculiarly his own. She looks into his earlier background to find the reasons for his present difficulties. She often finds that his own childhood patterns are at the root of strained relationships between the aged parent and his grown children.



PM photo by Irving Haberman

"—they can be themselves"

An elderly father's demanding attitude may be explained by an early dependence upon his own parents which blocked his growth to maturity. Chronic invalidism may prove to be merely an expression of emotional dissatisfaction. Unresolved conflicts, failure to face reality, childhood deprivation, early griefs or shocks beyond the person's ability to meet and surmount, leave their mark.

The understanding and knowledge of personality acquired from casework with people of all ages helps throw light on the personality problems of the older client, the causes of his difficulty. Casework with the aged is a challenging and stimulating experience. In time it should bring a better understanding to the whole practice of casework, for we see in old age the end results of experiences in childhood, adolescence, and maturity.

The importance of medical care as part of a rounded casework approach was recognized by the institute as early as 1933. In that year we began to require a physical examination for each applicant. An average of forty different doctors are now used in a given year and paid for their services to our clients.

We learned that much could be done to improve the applicant's health. The patient with a beginning cardiac failure is given a supportive drug. The anemic patient is given liver and taught a proper diet in time to prevent the deteriorating effects of a decreasing hemoglobin count on other vital organs. Cancer in its early stages, incipient cataracts, and often evidence of malnutrition have responded to early treatment. The patient has been informed about his disability in such a way as to gain his intelligent cooperation. Doctors and caseworkers work together in relating the patient's social situation to his physical disability, thus treating the patient as a whole person.

Through this partnership—the doctor, the caseworker, and the patient—we have learned a great deal about the care of the older patient. We find that the idea that age alone accounts for aches and pains belongs to the same era of medical practice as the dose of sulphur and molasses in the spring. The difficulty lies in the fact that we have tended to think of old age as a disease or a pathological condition in itself.

Actually, according to recent health surveys, only about 50 percent of the chronically ill were found to be over fifty

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years of age. Moreover, one of the reasons why 50 percent are in the upper age brackets is that older people, who have lost their earning power, are less able to carry the economic burden of prolonged illness. They have little hope about medical treatment, and have the added fear that a prolonged life may become burdensome to friends and relations. We increase confusion when we refer to this group as "chronics," a term which carries a hopeless and impersonal connotation.

The first answer is preventive care, the provision of skillful medical service which will slow down the specific and particular effects of the deterioration of the organs that is the natural concomitant of advancing years.

Nursing Homes

A second answer should be decent facilities for those who do require nursing and institutional care for either short or long periods. So meager are these that the institute was forced to develop its own resources. Appropriate public institutions are lacking. The average commercial nursing home is a desolate place where the amount the patient pays bears little relation to the kind of care he receives. All kinds are thrown together—the physically ill, the senile and mild mental cases, the hopeless, along with those who might expect a rapid and successful convalescence. Hospitals are forced to discharge chronic patients to any shelter that can be found for them in order to make their beds available to the acutely ill.

We wanted to show what a good nursing home could do. When we found an able graduate nurse who wished to establish a home for older patients, we helped make this possible. The first was well established before we ventured on setting up a second. This could only be done through our purchasing a home.

It proved to be no easy undertaking, for we became enmeshed in conflicting laws governing building codes, zoning restrictions, fire, and state licenses. We discovered that the infirm and chronic sick are classified as undesirables. Ignorance and prejudice had to be broken down. It took the concerted action of many good citizens, but at long last the battle was won, not once but twice.

Then we watched miracles happen. Miss Duffy was only one of many so-called hopeless cases whom we saw improve under proper care and treatment. Years of paralysis had not only affected her body but her speech as well. Only gutteral sounds came forth. She went to the hospital because of a broken hip and, following a successful operation, was discharged to one of these homes. Skillful nursing brought new comfort and hope.

Courtesy Benjamin Rose Institute

An adopted "grandma" is an ideal baby sitter

Courtesy Benjamin Rose Institute

For the residents of Belford House, "luxury at $50 a month"

Courtesy Federation of Jewish Philanthropies

Private room in subsidized boarding home, pioneer project of one agency

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International News

Neighbors in Bronx, N. Y., enjoy informal sing at Hodson Center

Her indifferent appetite was tempted with attractive and nourishing food fed to her by a patient nurse. She gained fifteen pounds and her cheeks filled out, her eyes brightened, and her strength returned. She left her bed for a wheel chair. She had companionship and laughter. Clapping her hands to show her pleasure was not enough, and words began to come. "Wait," said the proud nurse, looking at her patient, "she's going to walk and talk yet."

Foster and Boarding Homes

But we found, of course, that many older people, while they do not need continuous nursing care, do need an environment in which they can have some kind of help and supervision. They cannot, by themselves, undertake housekeeping responsibilities. So we borrowed a methodology from the children's field and began to develop "foster homes" and "boarding homes." As adapted to the needs of old people, the terms are not accurately descriptive, but the general idea is much the same.

In a foster home the individual becomes a member of the family. As a home-body he or she can putter occasionally in the kitchen, sit down at the family table, and share with them their tribulations and their fun. We searched for women who liked older people and encouraged them to replace their younger boarders with our clients. We followed the practice long accepted in children's agencies, of seeking a home where the old person was wanted and would be accepted in the family group.

The boarding home follows a different pattern, with which we have been experimenting since 1940. In order to learn the problems of management and costs at first hand, we converted a comfortable old residence, centrally located, to provide for a maximum of twelve men and women, and called it Belford House. The home is managed by a director, but each guest has his own room and shares in making plans and decisions both regarding management and persons to be included in the group. There are no rules and regulations. Ages range from seventy-two to eighty-six years. The majority have physical handicaps which vary in degree and severity, yet each one leads an active and useful life. Many earn money through part time employment.

We have proved to our satisfaction that older persons with a chronic disability, under proper medical supervision, can continue an active life at no greater risk than the person who has no recognized physical handicap. In comparison with the average commercial boarding home, Belford House, operated as a non-profit enterprise, represents luxury at a cost of $50 a month.

Alfred A. Cohen

Parties are just as much fun after 65!

Recreation

One of the by-products of old age assistance and social security benefits has been to take older persons out of their own family circle and allow them to live independently—but on a small stipend covering only the necessities of life. In every large city today, there are hundreds of elderly men and women who live alone without any opportunity for normal social contacts. Monotonous days stretch ahead, each one as empty as the day before. The older person becomes self-centered, feels he is the forgotten man, this makes for mental and physical deterioration.

To meet this problem, the Benjamin Rose Institute began an experiment in which the Cleveland Foundation, the Welfare Federation, and the Jewish Federation all participated. Under a competent director, a club for older people was organized, originally with fifteen members. After four years there are now sixteen such clubs with a membership of about 800. People were drawn from old age assistance rolls, social agencies, and churches. They brought their friends. They met in settlements, churches, and in housing projects. Each club has weekly meetings except during the summer months. There are lectures, parties, music, and always the pleasure of sitting around a table talking over teacups.

We learned through mistakes and failures as well as successes. Gradually certain things became clear. Each club must have competent leadership, and its program must reflect the background of its members. The beginnings are always the same. Curiosity draws them, suspicion of motive is apparent. They come, timid, unresponsive, and downcast. Gradually a change takes place as friendships are made and the group acquires a feeling of unity. They share good times, help each other, visit the sick members, fall in love and marry.

All these services make up the elements of a broad community plan to assure to older people the true substance of life. Small is the profit to be gained from the new miracle life-saving drugs if there is no joy, hope, or gain in growing old. In serving the old, in enriching their lives, we make it possible to enrich our own, for we shall find ourselves among them before we are ready. Each of us, as long as we live, should have the opportunity to enjoy the benefits of this earth, the last quarter no less than the first. For as long as man retains his intellect, he is responsive to all human feeling.

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Planning for the Chronically Ill

How one city took stock of its ability to meet an important need, told by ALLAN STONE of the Wilder Charity, St. Paul, Minn.

ST. PAUL, like so many communities today, is facing up to its responsibilities toward the aged and the chronically ill. Community awareness is beginning to catch up with the census figures. We know that at present 26,000 men and women of Ramsey County's total population of 300,000 are sixty-five or over, while back in 1930 they numbered only 17,000. We also know that by 1950 nearly 10,000 people will be seventy-five or over and that, if present ratios hold, at least half of them will be suffering from some disabling condition. Yet, at present, the combined resources of all our public and private institutions provide us with suitable facilities to care for less than 400.

Our situation in St. Paul and Ramsey County, of course, differs little from the rest of the country. Life expectancy has almost doubled in the past thirty years. Progress in medicine and public health, accompanied by a falling birthrate, has increased the proportion of older people in our total population. One result has been to push the chronic diseases to the forefront as major causes of illness. Statisticians have been forecasting this impending development for over two decades. They have been pointing out that what is now happening would happen: hospitals faced with a preponderance of aged sick and an accompanying slow patient turnover; medical service, traditionally focused on the acutely ill, caught without adequate preparation for treating the chronic diseases; nursing and social service, organized primarily in the interests of families and children, unready to adapt their resources and skills to the needs of the older generation.

Aroused Public Concern

Only in respect to two chronic diseases which develop slowly and require prolonged treatment, have communities become really aroused — tuberculosis and mental illness. Fear of contagion, on the one hand, and of bodily harm, on the other, has resulted in large expenditures of money both for the care of patients with these diseases and for research into their causes. The great majority of the chronically ill have endured silently and patiently the gradual and unspectacular nature of their decline, which in itself is a reason for the community's lack of attention to their problems.

In St. Paul and Ramsey County, at least, both lay and professional leaders have been increasingly aware of this problem. Even before the war ended, they agreed that facts were needed on which to base long range community plans. The Wilder Charity was asked to make a study for that purpose.

On Our Doorstep

The facts from that study show clearly that the problem of the chronically ill is not just around the corner. It is on our doorstep now. In 1944, Ramsey County had more than 10,000 aged people with some physical disability. Many are able to be about, but a substantial minority are bedridden cases. About 4,500 of these persons live alone with their husband or wife. Four thousand more are living with their children or other persons. The remaining 1,500 are in rooming houses, nursing homes, boarding homes.

The results of the study left little room for argument that we are not now providing anywhere near adequate facilities for the care of this group. The relatively few people in the higher economic brackets can afford abundant house space, a full time registered nurse, a visiting physician, and other comforts. But for even the moderately well-to-do, care for aged parents presents a real family problem, especially where there are children. The drain on the family budget for medical and nursing care becomes insupportable.

The average monthly occupancy of our private homes for the aged during 1944 was only 365. Most of them will not take a person who requires any special medical or nursing care. They adhere to the policy that an applicant must be in good health at the time of admission. Religious, fraternal and other affiliations restrict the admission policies of several. While 123 people in these homes were receiving old age assistance grants, those in homes which require a flat admission fee in return for a guarantee of life care are not eligible for these payments under social security regulations.

Our one public institution, the Ramsey County Home, had an average monthly occupancy of 265 during 1944. Because social security regulations prohibit payments to the inmates of public institutions, none were receiving supplemental old age assistance grants.

The home is badly overcrowded. Porches and recreation rooms have been converted into wards in order to accommodate people who desperately need care because of advanced chronic diseases or other reasons. Despite the fact that it was not designed as a chronic or convalescent hospital, 110 of the 265 were infirmary patients and of these, 75 were sixty-five years of age or older.

St. Paul's one public general hospital is caring for approximately 100 chronic patients, 47 of whom are over sixty-five years of age. Such care in a general hospital is expensive. Moreover, this usage of public hospital beds is only temporary and emergent. During the war, increased earnings made it possible for many more people to pay for their hospital care in private hospitals. Demand for public hospital beds decreased, and through makeshift facilities it was possible to care for a larger number of the chronically ill. As demand for free beds for the acutely ill reverts to normal, these chronic cases will have to be transferred out.

St. Paul's private hospitals are in a worse situation than the public hospitals as far as care for the chronically ill is concerned. The demand upon them for beds for the acutely ill has been exceedingly heavy for a number of years. Average occupancy is far above the ratio to capacity generally accepted as desirable and, in some instances, occupancy actually has exceeded rated capacity. There is every expectation that this situation will continue. However, despite their reluctance to allocate beds for chronic cases, most of our private hospitals are discovering that a fairly substantial number are occupied by such cases.

The best estimates are that 3.3 beds per 1,000 population are needed for the care of the chronically ill. This means that St. Paul should now have between 900 and 1,000 beds for an adequate program of chronic care. The survey's findings showed us to be more than 600 short of this number.

A Working Plan

In her report on the care of the chronically ill in Cleveland, Mary Jarrett points out that "the first step towards a program for the care of the chronically ill is to recognize that . . . there are three types of chronic patients needing medical and nursing service:

"Class A—Patients requiring intensive medical care for diagnosis and treatment;

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"Class B — Patients requiring chiefly skilled nursing care;

"Class C—Patients requiring only custodial or attendant care."

Miss Jarrett also concludes that 30 percent of the patients need institutional care (hospitals and rest homes), another 30 percent need home care, and 40 percent need care in a clinic or a physician's private office.

The first recommendation of our study, therefore, calls for the construction of a 300-bed unit designed specifically for the care of this group. Such a unit would serve both the indigent and those able to pay part or all of the cost of their care. A strong medical program including the use of resident medical students would be administered as a branch of the general hospital. This would relieve the overcrowding in the county home and generally raise the standards of medical care, equipment, and facilities.

Among experts this question of the location of such a unit is a matter of considerable debate. Some maintain that a unit for the aged should be separated physically from the general hospital, although all agree that the medical services should be related to it. Others, however, believe that new chronic units should be an integral part of the general hospital and their services recognized as one of its regular functions. Dr. E. M. Bluestone, writing in *Modern Hospital*, sets forth the pros and cons of this issue as follows:

Among the advantages of location with the hospital:

Earlier transfer because the patient is under control and is quickly returnable to his original location;

Nearness to own hospital facilities in an emergency;

Nearness to the home of the patient and to the office of the physician;

Greater economy of administration because there is no need for duplicate facilities;

An integrated social plan that always works to the advantage of the patients;

Better observation and control over a longer period of time;

Easier, more complete, and more accurate record keeping.

Among the disadvantages:

The sameness of scenery at a time when a patient wants to get away from his hospital surroundings and enjoy the air of the country;

The disadvantage of being so closely associated with acute illness;

The greater cost of the ground which the chronic or convalescent section must occupy as compared to other locations;

The dangerous tendency to appropriate extra beds from this unit and to divert medical attention on the excuse of an emergency;

The lack of opportunities for outdoor therapy in the heart of the city where most general hospitals are located.

In St. Paul, acting on the advice of Carl Buck, field director of the American Public Health Association, our decision was to recommend that the new unit be located on the grounds of the county home. Available and suitable grounds for expansion, together with the considerable experience of the home's staff in administering a program for convalescents and chronics were the governing factors.

In addition to this public unit, there is also need for the construction of special units for chronic care in connection with our private general hospitals. Hospital superintendents are becoming interested in and are giving attention to the possibility of expanding their plants for this purpose. But until such plans become a reality, the main burden will have to be met under public auspices.

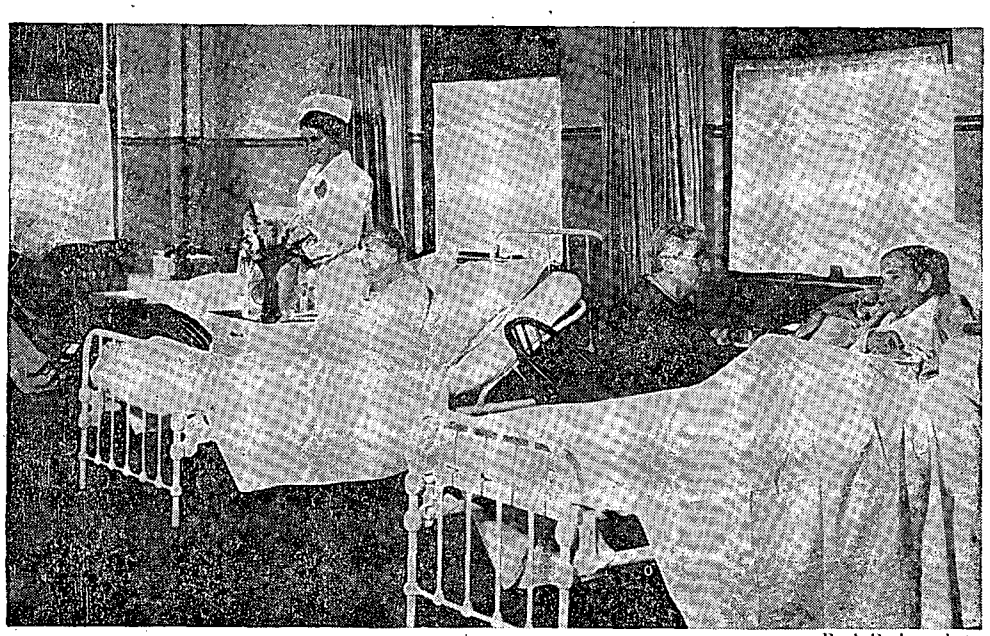
As a result of our study we are convinced that the cornerstone of any expansion of private rest home facilities must be strict licensing and a vigorous enforcement of standards by the appropriate state agencies. While many are maintaining good standards of efficiency, others are taking advantage of poor law enforcement to operate at substandard levels. Inspection and supervision are particularly important in the case of those commercial homes whose revenue comes largely from residents who are the recipients of old age assistance.

Social Security Payments

Under the best of circumstances, moreover, we doubt that the traditional private commercial homes can provide for more than a limited number of cases in proportion to total need. For this and other reasons, the provision of the Social Security Act which prohibits old age assistance grants to those living in public institutions, seems to us particularly unwise and unfortunate. When the law was written, it may have had some merit in keeping many "poor farms" from becoming dumping grounds where aged people would be maintained at little or no cost to local authorities. But there is now growing recognition that good public institutions can give better care than commercial homes whose major income comes from inmates who receive these grants. Protected by better standards of public care, this allowance, little enough at best, ought to be available for a few of the "plus" values that make life worthwhile.

While the St. Paul study was directed primarily at the problems of the chronically ill and of those who need institutional care, we are not unmindful of the fact that adequate provision for this group is only one segment in an over-all community plan for the care of the aged. The visiting nurses' associations have performed yeoman service for those who are ill in their own homes, and their services will need to be expanded. The adaptation of our casework services and of our leisure time services to meet the special needs of our older population is just beginning to show results.

To develop all of the resources needed will tax the interest and imagination and efforts of the entire community. But in the long run, we are sure that this will be not only humane but economical. For it means no less than affording for each person an opportunity to achieve his maximum capacity for work and social responsibility, whatever his age.



Paul Parker photo

"To develop all of the resources needed will tax the efforts of all—"

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PM photo by Irving Haberman

The refreshment committee talks things over—

Ewing Galloway. Courtesy Social Security Board

—while checker players battle on to the finish

Life Begins at Forty Plus

Older Folks gain "new joy in living" by way of a full social life, says KATHLEEN GORRIE, director, Gordon House, Vancouver, B. C.

IN HIS BEST SELLER of some twenty years ago, Walter B. Pitkin gave new hope to the middle-aged by announcing that "Life Begins at Forty." But several hundred men and women members of Gordon House, a community center serving the West End district of Vancouver, Canada, would contend that, as far as their group was concerned, he had put his age limit at least twenty years too low. They have discovered that life has begun, not at forty, but at sixty, seventy, and even eighty. At least they have discovered this, if what Dr. Pitkin meant by "beginning" is a new joy of living, the kindling of new interests, the realization of new capacities, and even falling in love.

Vancouver is frequently referred to as the Riviera of Canada. Even if this smacks of tourist bureau publicity, the city is certainly the mecca in Canada for retired men and women who seek to escape the extremes of heat and cold in other parts of the country. The West End in Vancouver in turn attracts a large proportion of these older people because of its proximity to beautiful Stanley Park, English Bay, and the downtown shopping district, as well as because its innumerable rooming and apartment houses provide the kind of accommodation they seek.

Therefore, it is not surprising that Gordon House should have in its membership several hundred men and women who are approaching, or have passed, the three score milestone. What is exceptional is the variety and vitality of the activities which these older people enjoy in the center. They are the envy of their fellow citizens in other parts of the city. Only lack of housing prevents a general influx of older people into the district.

Like many other good things, this program really needs to be seen, not once but over a period of months, to be fully appreciated. When they first come to the center, many of these men and women are lonely, often bitter, beginning to succumb to the feebleness of old age, feeling—rightly or wrongly—discarded and deserted by their families. As weeks pass, they make congenial friends, revive old interests or discover new ones, find their days and evenings filled with things to do, and their help still sought and appreciated. They are literally re-created.

The hospitable doors of Gordon House are open all day. Inside is warmth, a friendly greeting, plenty of easy chairs, newspapers, books, and magazines, a radio and a room for cards, checkers and chess, where almost always partners may be found for a game. This, the open house, or drop-in part of the program is only the beginning. From it stems a variety of clubs, classes, interest groups, and other activities.

The Social Club

The largest single group is the West End Social Club, which has an enrollment of over two hundred men and women of fifty years of age and over, mostly well over. They are frankly interested only in having a social good time, which for them means cards, more cards, and an occasional dance, and in promoting good fellowship. Each Wednesday night this club holds a whist party, with never less than fifteen tables. In an adjoining room, club members who prefer bridge have their game. On that evening cards are a serious business; but on Saturday evenings the game takes second place, refreshments are served and conversation flows freely.

Twice a month, on a Saturday evening, some of the card tables are deserted by those who prefer to trip it on "the light fantastic toe." Among the membership are several good fiddlers and pianists, so music is no problem. Because some of the "boys" who had not learned to dance in their youth were having to look on with envious eyes, a dancing class for beginners was inaugurated. It is held on Thursday evenings, and some twenty men and a few women are learning to dance for the first time. One of the most successful pupils is a man in his eightieth year.

On summer evenings when the windows of the social room are wide open, the neighbors frequently gather outside the house to look on with delight—and some with envy no doubt—at the enthusiastic enjoyment of these young oldsters. Even the teen-agers coming from their jive sessions seem to realize that their grandfathers may have something.

Life also has its cultural and creative moments among the older members of

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Gordon House. On Saturday evenings while the West End Social Club is enjoying cards and dancing, the more serious ones sit around the open fireplace to read plays or to listen to recordings of fine music in the pleasant surroundings of the women's clubroom, with its gray walls, red curtains, and chintz-covered furniture. This group is affectionately called "The Snoots" by their more frivolous fellow members who, in order not to interrupt the flow of high thought, prepare and serve to them their ten o'clock coffee and sandwiches.

For the most part, the men are satisfied to drop in for their cards or checkers, or to chat with some cronies, to listen to the radio or read a magazine or newspaper. A fair number of them, however, are active in current events discussion, play reading, music appreciation, and dramatic groups, which have a mixed membership of men and women. The women, on the other hand, have a wider variety of interests, including several afternoon clubs, Red Cross, weaving and leather work classes, and a glee club.

Each Friday evening an entertainment is provided which is "on the house." This takes the form of a concert with home or imported talent, an evening of films, an illustrated lecture or, occasionally, a social evening with contests and table games. The attendance at these popular Friday nights has grown steadily. The program offers a very nice means of introducing new members into the house. It also takes care for those who cannot or do not wish to participate more actively.

Usefulness Rediscovered

Gordon House means more to these older people than just a place where they may be interested and amused. It is a place where they discover that they may still be useful, where their former skills and experience are not ignored and brushed aside. Because the house is not just a clubhouse for old people, but rather a center for neighbors of all ages, they find themselves again members of a family group. They can show that they belong to the family by giving of their time and talents to the younger members. They act as volunteers or volunteer leaders in the junior house. (Gordon House occupies about half a block; the main house for adult activities, the junior house for the children and young people, and a gymnasium.)

Several of the older women are volunteers in the play school. One former musical comedy actress is a successful dance teacher for a class of ten-year-old girls. One of the men, a former chef, gives classes in good "man-style" camp cooking to several of the boys clubs as well as being official coffee maker for all Gordon House entertainments. Others take desk and reception duty. Wherever and whenever their experience can be used, it is sought and put to work. This makes for intensified interest in the doings throughout the house and fosters a real feeling of belonging.

Beyond the personal pleasure and satisfaction which participation in the group activities brings to these older people is the effect it usually has on their relations with the people with whom they live. Much of the irritability and queerness of old age is due to a feeling of uselessness and loneliness, a dearth of opportunities for social contact. Old friends in many cases have died or moved away, or, as is so often the case in Vancouver, they have been left behind in the old home town. Grandmothers and grandfathers, frequently, almost inevitably, feel apart from the life of the younger members of the household. Their natural discontent is expressed in grumbling and faultfinding, and the peace of the home is disturbed.

Community Cooperation

With the opportunity of a new life and interests in a center such as Gordon House, it is not surprising that the behavior of these older people toward those with whom they live is favorably modified. Older members of Gordon House themselves frequently remark that their friends and families have noticed how much more cheerful they have become. News of these transformations must spread, for men and women in the neighborhood often drop in to ask the staff's cooperation in getting an elderly father or mother interested in coming to the house, because it has done so much for the elderly relative of an acquaintance.

While most of the new members come on the advice of a friend or neighbor, a deliberate attempt is made to reach elderly people known to social and health agencies through the Welfare Council's committee on the aged. This committee, in cooperation with the Women's Voluntary Services and the Gordon House staff, last year organized a group of friendly visitors. After a special training course designed to help them understand problems of the aged, the members visited men and women referred to them by the Old Age Pension and Social Assistance Department of the Provincial Government and by private casework agencies. Having established a good contact with these feeble and sometimes difficult old people, we invited them to come to Gordon House and gave them an attractive little card of introduction.

On Thursday afternoons, the visitors were made at home in a clubroom furnished especially for this purpose. Within a few weeks after the first gathering, these Thursday afternoon visitors decided to form a good neighbors club. In order to avoid any tendency to segregate referrals from social agencies, the staff encouraged them to include other members of the house. In turn, the good neighbors club members have entered eagerly into the many attractions of the house, as far as strength will allow. The recent donation of a station wagon will make it possible to bring to the house many of the shut-ins who formerly found the journey on foot too much for them.

New Name for an Old Problem

The term "geriatrics" has only recently become a familiar one in the social work vocabulary. But there has long been an awareness of the increasing problems related to old age: the lengthened span of life brought about by advances in medical science; the decrease in working years resulting from the speed-up of mass production and the increase of labor productivity; the alterations in family living, relationship, and responsibilities arising from the shrinkage in size of family living quarters.

All of these conditions and the problems which they create are strikingly evident in Vancouver's West End. The Gordon House approach to them has been experimental—based on the belief, so admirably expressed by the late Dr. Lillien Martin, founder of the Old Age Counseling Center in San Francisco, that "Happiness for mature people lies not in hopeless uselessness or the piling up of material luxuries or external possessions, but rather in participation in life according to the individual's physical and mental strength and capacity." It is also based on the notion that the fullest measure of such happiness can best be found, not in a club or center solely for the aged, but in a neighborhood project where older people can continue to feel themselves accepted members of the community—not set apart from it.

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Broader Public Assistance

Another proposal for fundamental hanges in the federal public assistance rogram has been offered to Congress hrough H. R. 5686, just as this issue of *urvey Midmonthly* goes to press. The ill has behind it the full weight of the American Public Welfare Association nd the phrasing of its title, "Compreensive Public Welfare Program" (technically an amendment to the Social Security Act), is indicative of its purpose. Among other things it would supplant nd extend the welfare provisions of oth the Wagner - Murray - Dingell and he child health and welfare bills.

The plan itself is based on the APWA welve-point "Platform for Public Welare" released last November. (See *Survey Midmonthly* January 1946, page 21.) ntended to strengthen the fiscal base and mprove the administration of public assistance, the resultant legislation would, n the words of Representative Aime J. Forand, who introduced the bill, make it possible for the federal government to 'deal with the states on a unified rather han piecemeal basis in the welfare field."

Six major changes in the present social ecurity act would accomplish this purpose.

First: Federal assistance would be given to the states for all types of need nd not be limited to the present three ategories of OAA, ADC, and AB. In effect, this adds general assistance or 'home relief" to the security program, a plan long advocated by public welfare xperts. The states may continue to administer ADC, OAA, and AB as categories or they may combine them in a reneralized administrative set-up.

Second: Residence and citizenship requirements are abolished as a condition of receiving federal funds, and assistance s extended to all needy children not in nstitutions, including those in foster omes.

Third: It would assure more nearly dequate assistance by provision for variable grants to states, by elimination of ederal ceilings on categorical grants, and y requiring the states to so allocate funds within the states as to meet in full the eeds of eligible individuals on the basis f standards determined by the states.

Fourth: Direct payments to doctors nd institutions are authorized for relief lients who require medical care. Moreover, adults (mainly the aged chronically ill) who require medical care would e allowed to reside in either public or private institutions without loss of their cash assistance.

Fifth: Expenditures for social services for preventive work not directly related to the investigation and administration of relief grants will be matched on the same basis as cash assistance.

Sixth: The bill calls for unified administration of federally aided welfare programs at all levels of government—local, state, and federal. This applies to all services which may now be administered by separate or specialized bureaus in departments such as child welfare, institutional services, categorical services, and the like.

Prior to the introduction of the bill the American Public Welfare Association held informal hearings on the provisions to be suggested. Governors, mayors, other local officials, and citizens in different sections of the country were invited to present their views. All of the major issues were discussed at the December annual meeting of the National Councils of State and Local Public Welfare Administrators with the consensus substantially in favor of the amendments now proposed.

The Food Crisis

Herbert H. Lehman has been forced by ill health to lay down the burden he has carried since, at President Roosevelt's request, he left the Executive Mansion in Albany a fortnight before his fourth term as governor ended, to launch and direct the first nonmilitary activity of the United Nations.

In his blunt final report to the council of the United Nations Relief and Rehabilitation Administration, Mr. Lehman deplored the premature easing of ration regulations, pointed to the mounting food crisis as a peril to the peace, and urged immediate establishment of a single international food control.

UNRRA's new director general is Fiorello H. LaGuardia, former mayor of New York City. To representatives of the agency's forty-eight member nations who spent the last two weeks of March in conference in Atlantic City, Mr. LaGuardia outlined vigorous policies with which he undertakes his vast new task: First of all, "to take food where we can find it and bring it to people who are in need"; second, to prevent epidemics; third, to rehabilitate the productive capacity of lands devastated and looted by the Axis.

The job Mr. LaGuardia has undertaken will be affected by two other agencies; President Truman's Famine Emergency Committee, created in early March with Herbert Hoover as honorary chairman, and the Combined Food Board. UNRRA was established in 1943 to provide food, clothing and shelter for liberated peoples. The task assigned the Hoover Committee is to make fresh estimates of food needs overseas, and to stimulate the support of foreign relief in this country. The Combined Food Board, limited in membership to the United States, Britain, and Canada, was set up in 1942. It neither sells nor ships foodstuff, but earmarks surpluses for the armed forces, UNRRA, and relief.

Underscoring the urgency of the situation in "UNRRA countries," the council decided not to adjourn as scheduled, but to go into continuous session, shifting its meetings from Atlantic City to Washington.

The major achievements of the Atlantic City sessions were: The drafting of a comprehensive plan for world food production, economy, and distribution; a declaration against the requisitioning of land and supplies by armies of occupation; a compromise on the thorny question of political refugees, under which Russia agreed to let UNRRA continue their care without the consent of their governments, on the assurance of the speediest possible repatriation, the removal of war criminals, and the dismissal from administrative posts of those who do not represent recognized regimes.

Standing Room Only

Nearly fifteen hundred citizens, gathered together from almost every state in the Union and from Canada, discussed problems of housing at the fifteenth annual meeting of the National Public Housing Conference at the Hotel New Yorker in New York City on March 14, 15, and 16.

Throughout every session of the conference there was standing room only. Every meeting carried the same theme—urgency for the passage of the Wagner-Ellender-Taft housing bill (see *Survey Midmonthly*, September 1945, page 234). The bill is designed to establish a national housing agency, permit financing of homes for persons in middle income brackets, reactivate a conservative but sound public housing program, provide for a real slum clearance and redevelopment program, and insure equal treatment for families living in rural America and those living in cities. Robert F. Wagner, Jr., speak-

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ing for his father, explained that passage of the bill was necessary to insure a long term housing program.

The critical housing situation throughout the country was stressed by every speaker. The opening presiding officer, Franklin D. Roosevelt, Jr., put forward immediately the question of what was to happen to the veteran and his family. There was no answer, since the House of Representatives had just the week before defeated those parts of the veterans emergency housing program.

Contrary to propaganda that public and private housing interests have nothing in common, effective community planning and adequate national legislation to help get the job accomplished were urged alike by Dean Joseph Hudnut of Harvard; R. C. Ingersoll, president of the Ingersoll Steel and Disk Division of Borg-Warner, Chicago; Dr. C.-E. A. Winslow, chairman of the Housing Authority of the City of New Haven; and Robert T. Veit, partner in the investment firm of Shields and Company, New York.

The problems of a member of the Banking and Currency Committee of the House were described by Mrs. Chase Going Woodhouse, congresswoman from Connecticut. Beset by pressures from selfish interest groups, the committee, she said, hears nothing from the people who are to suffer from inflation in housing if controls are removed.

The highlight of the three-day meeting was the address by Wilson W. Wyatt, national housing administrator and emergency housing expediter, in which he discussed the program he recently submitted to President Truman. For the first time in housing history, hundreds of people were turned away from a meeting because the dinner was a sell-out two days before it was held. Mr. Wyatt stated firmly that the foundation of the program he recommends is the Wagner-Ellender-Taft bill. He explained the necessity for sound housing legislation and such emergency measures as premium payments to producers of critical materials and price ceilings on existing homes (included in the original Patman bill before the House passed it in an emasculated form). The administrator made it perfectly clear that the program he recommended was defeated in the House of Representatives by special lobby groups such as the National Real Estate Board, the Producers Council, and the National Association of Home Builders.

On the final morning (when people seldom attend meetings), at least six hundred persons heard James G. Patton, president of the Farmers Union; Harry L. Bates, chairman of the AFL housing committee; and William Nicholas, director of the housing division, CIO, tell in practical terms why the whole need must be met, and why the Wyatt housing program, as well as S.1592, must become law for the good of the American people. Later a formal resolution to this effect was passed by the conference group.

Stealing the spotlight from the notables, a tenant at Kingsboro Houses, Brooklyn, N. Y.—Mrs. Ethel Gordievsky—gave the outstanding housing address at the luncheon meeting. She told the story of what it means to live in a housing project after living in a slum apartment. On the same program, Commissioner Philip Klutznick of the Federal Public Housing Authority, reported on the strategic position of local housing authorities everywhere, indicating that public opinion will be molded by the job that is done locally.

Officers elected for the coming year are William J. Guste, New Orleans, president; Bryn J. Hovde, chairman of the board; vice-presidents, Franklin D. Roosevelt, Jr., Catherine Bauer, Harry Bates and R. J. Thomas; secretary, Laurine A. Winlack; and treasurer, Morris Miller. Lee F. Johnson is executive vice-president of the organization, which is located at 1015 Fifteenth Street, N. W., Washington 5.

Nursing Homes

Particularly appropriate to this issue of *Survey Midmonthly* is special mention of the plans just adopted by the State of Illinois for the inspection and licensing of nursing homes for the chronically ill. Authority for the plans comes from the law passed last July which requires that any establishment housing three or more persons unable "to care for themselves properly," must be licensed, and meet minimum sanitary, diet, and personnel standards.

Administrative responsibility for inspection has been vested in the division of sanitary engineering of the State Health Department. By two devices, however, cognizance is taken of the fact that standards must apply to all phases of the care of the chronically ill. A nursing home committee, on which are serving the chiefs of the divisions of health administration, public health nursing, communicable diseases, sanitary engineering, and with which the Illinois Public Aid Commission is cooperating, is formulating general policies and standards. In addition, teams of field investigators are being trained to use an educational approach in their visits of inspection. Substandard homes are being given a reasonable time to improve their facilities and bring them up to a standard which would permit licensing. No license is granted, however, unless the home has been certified by the office of the state fire marshal, after proper investigation of fire hazards.

Passage of the law climaxed a period of general concern which came to a head in January, 1945, when representatives of fifteen agencies met under the auspices of the Institute of Medicine of Chicago to discuss the needed legislation. It was enacted six months later.

Auto Workers in Action

It was a tumultuous convention that the United Automobile Workers held in Atlantic City late last month. It resulted in an overturn of the leadership of the biggest and most powerful of the CIO unions. After strenuous days and nights of campaigning, R. J. Thomas was defeated for reelection to the presidency, and Walter P. Reuther was chosen to succeed him by the narrow margin of 124 votes, out of more than 8,700 ballots cast.

Mr. Reuther, young (he is only thirty-eight), well educated, widely read in history and economics, already has made his name as a labor statesman of an altogether new stripe. Evidence of the vigorous and forthright leadership that may be expected of him is to be found in the "Reuther Plan" for the mass production of planes in the defense period; and in his demand that wages be related to profits.

He actively supports a special committee set up immediately after the convention to investigate charges of coercion and racketeering in the UAW. The investigation was voted by the convention.

In his unsuccessful campaign for reelection, Mr. Thomas maintained that delegates had been threatened with bodily harm to themselves or their families if they failed to support his opponent. Similar charges were made by George F Addes, secretary-treasurer of the union.

The investigating committee has opened temporary offices in a New York hotel It has declared that it will uncover any traces of "dirty work" in the UAW, and urges the 585,000 dues-paying members to lay before it in person or in writing whatever evidence they have as to coercion, intimidation or other wrongdoing in the conduct of union affairs Members giving information are promised protection.

Frank Davis, president of Lincoln Local 900, Detroit, is chairman of the five-man investigating group. As spokesman for the committee, he stated, "Our international union is determined at all costs and in all events to maintain the UAW as a clean, honest, and rank-and file union. Rackets and corruption have no place in our union."

The committee's findings and recommendations will be submitted to the international executive board for action.

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HERE IN WASHINGTON

EARLY ACTION IN BOTH HOUSE and Senate on the Social Protection bills (S. 1779 and H. R. 5234) is indicated by the speed with which the measures were hurried through committee. The testimony had a definitely accelerating effect on the congressional mind.

The proposal is comparatively simple. It merely authorizes the Federal Security Agency, by means of technical, professional and advisory services, to assist in the organization of state and local programs designed to eliminate conditions contributing to sex delinquency and to provide for the rehabilitation of sex delinquents. The FSA is further authorized to foster cooperation in communities among law enforcement, welfare, and other public and private agencies for the same purpose.

The bills are identical. Representative Bolton sponsored the measure in the House, and Senators Pepper, Taft, La-Follette and George in the Senate. The latter combination is a nine-day wonder. Were the names of those four gentlemen ever before seen together on one bill?

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IN AN 8 TO 0 DECISION THE U. S. Supreme Court has ruled that an employe must be given wage credits under the Social Security Act for back pay. The decision will benefit some 30,000 workers with wage credits of $7,700,000.

The case involved a Ford Motor Company employe, Joseph Nierotko, discharged for union activity. The National Labor Relations Board ordered the reinstatement of Mr. Nierotko with a lump sum back pay award of $3,501.32. The worker's request that this payment be included in his wage credits was denied by the Social Security Board and the case went to the Supreme Court for decision.

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REMEMBERING THE NATIONAL Resources Planning Board's beautiful job on postwar public works, the recent report of the Federal Works Agency to Congress makes grim reading.

State and local communities, the report declares, have lagged behind in their planning for public works. "The total volume of completed plans falls far short of the volume of construction of state and local public works required to meet needs which may arise within the next few years," it is stated.

More specifically, the agency said that as of last December the states and their political subdivisions had completed plans, without federal aid, for projects totaling $961,144,000, about half of them in New York State. With federal assistance, states and communities were preparing plans for $564,932,000 additional construction.

The report says that it is believed that plant-preparation of state and local public works should be stimulated to a more adequate extent than has been possible under the limited appropriation made by Congress for this purpose. The total appropriation was $30,000,000 to be loaned under the Mobilization and Reconversion Act to state and local governments for planning. It must be paid back when actual construction begins.

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HEARINGS ON THE NATIONAL Health Bill (S. 1606), announced for March 18, were postponed to April 2 by the Senate Committee on Education and Labor. A crowded calendar was given as the reason.

Senator James E. Murray, committee chairman, has indicated that he expects the hearings to last about a month. The first week will be allocated to testimony by sponsors of the bill (Senators Murray and Wagner), the Federal Security Administrator, the Surgeon General, the chairman of the Social Security Board and the Secretary of Labor. Subsequently, testimony will be received from the general public with both proponents and opponents of the bill having their day in court.

The bill provides, briefly: A national system of health insurance covering physicians' services, hospital services, laboratory fees, medicines, appliances, dental care, and home nursing care; grants-in-aid for public health services, maternal and child health services, medical care for needy persons, medical education and research.

Senator Murray, not directly in connection with the hearings, sent questionnaires to more than 180 professional health and medical organizations asking them to join in a cooperative attempt to stake out specific health goals for the coming five years. The organizations are asked to tell Congress how it can best legislate to raise health standards in the United States.

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HOPE THAT INDUSTRY HAD learned the value of the disabled during the war emergency begins to dim. General Omar N. Bradley, Veterans Administrator, recently told the national employment committee of the American Legion, meeting in Washington, that only about one in nine disabled veterans looking for jobs had been able to find work. Further, General Bradley said, their difficulties are increasing, with the gap between employment applications and actual placement steadily widening. In illustration, he cited the figures for January—52,000 handicapped veterans applying for jobs and only about 6,000 placed.

In connection with this situation, the United States Employment Service is now making a nationwide canvass of employers to find job possibilities for 6,000,000 veterans and others expected to be seeking employment during the first half of 1946. The survey was ordered by Secretary of Labor Schwellenbach because the openings now being listed with USES are too poor in quality to attract young and ambitious job seekers.

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THE COMMITTEE ON ECONOMIC Development has gazed into its crystal ball and decided that the only safeguard for the country against both inflation and deflation is cooperative action by management, labor, and the consuming public. The government, the committee holds, should take immediate steps to prepare a large shelf of public works against possible need and to procure the extension of unemployment compensation coverage, with benefit payments increased where they are below satisfactory standards.

The organization's research committee grimly warns that the present situation has in it all the fixings for another boom and bust period, duplicating that of the Twenties and Thirties.

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HEARINGS BEFORE THE HOUSE Ways and Means Committee on social security legislation promise to extend indefinitely. Any hope of boiling them down to a few weeks, or perhaps a few months, has evaporated.

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GUESTS AT THE DINNER GIVEN by the Women's Joint Congressional Committee early in March in honor of Mrs. Eleanor Roosevelt were astounded at the lack of attention paid by the press to Mrs. Roosevelt's speech. It was a highly significant address from which more certainly will be heard later.

Since she ceased to be First Lady, Mrs. Roosevelt has gained rather than lost in stature. That speech marks a new phase in the life of an extraordinary lady.

Rose Schneider

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THE COUNTRY OVER

Our Older Citizens

A system of day care centers for the aged was urged by New York City's commissioner of welfare, Edward E. Rhatigan, when he spoke to a group of 350 social and community workers on April 2 at a conference on recreation for older persons, held at Hotel Astor. Mr. Rhatigan made the point that agencies were prone to think of placement as the primary method of caring for older people, and that the question must be looked at in new perspective.

Sponsor of the conference was the Hodson Community Center, cooperative project of a group of public and private agencies providing a social and educational program for older people. (History and progress of the center is described in an article by Harry Levine in the first issue of the new *Journal of Geriatrics and Gerontology.)* Mr. Levine, representing the Hodson Center, told the conference that "no civilization can afford to have ten million permanently idle, even though they are past sixty-five, without affecting its culture."

Other speakers were George Lawton (see page 105) and Lee C. Dowling, first deputy commissioner of New York State. Copies of all speeches are being reprinted and may be ordered by writing Harry Levine, Hodson Comunity Center, Tremont Avenue and 177 St., Bronx, N. Y.

"Alert and Alive at 65"

Program of the "Golden Age" clubs organized for men and women over sixty-five in Philadelphia was described to the National Recreation Congress which met in Atlantic City in late January, by Jeanne H. Barnes of the Philadelphia Council of Social Agencies. Sponsored primarily by a combination of churches, the groups are nondenominational and their purpose is "purely to have a good time." Club meetings are held weekly on Wednesdays and are always announced beforehand by individual postcard invitations to members. Games, special features—such as a magician, movies, talks—or visits to the zoo or flower show, and refreshments make up the regular program. Cost of refreshments and club operation is met by the churches and voluntary contributions from club members.

In conclusion, Miss Barnes listed seven factors which contributed to the success of these clubs: "a planning committee that shares responsibilities, a club leader who attends regularly, refreshments daintily served, a definite program feature, individual announcement cards, special remembrances like individual birthday cards, and active participation by club members as much as possible."

Golden Age Hobby Show

The Cleveland Health Museum, reporting in the January issue of its *Museum News* on exhibits and shows held during 1945, states that one of the most popular of the programs was "Live Long and Like It." It was sponsored by the Cleveland Welfare Federation's committee on the aged, augmented by the Golden Age Hobby Show, held under the auspices of the Cleveland *Press*. On one day, a record of over 1,600 persons visited the show.

In connection with the hobby show, more than 1,200 exhibits representing every craft and domestic science were shown by 235 exhibitors who were sixty-five years old and over. According to the *News*, visitors' comments "indicated that the workmanship and ingenuity shown would reflect credit on *any* age group."

Units in the "Live Long and Like It" exhibit which was prepared by the committee in cooperation with the Cleveland Foundation, the Benjamin Rose Institute, and the Jewish Welfare Federation, carried such titles as "More People Live Longer," "Jobs After 50?" "How Grandma Helped on the Home Front," and "Social Agencies Serving Older People."

New Recreation Center

Plans for the establishment of a community recreation center for elderly residents of the midtown east side of New York City are being worked out by the Sara Clapp Midtown Council of Social Agencies and the Yorkville Civic Council, both of which are affiliated with the Welfare Council of New York City. Under the auspices of the two councils a public meeting was held in late February on the topic, "Our Older Neighbors—The Forgotten Age," at which it was stated that 27,000 men and women over the age of sixty-five were living in this area, many of them in furnished rooms with little or no contact with family or friends. About one fourth of this number are public assistance recipients.

The committees on recreation for older people of the two councils are currently working together to set up a board of directors for the new center and to find a building where the program may be housed.

Appreciation

The March issue of *The Family* is devoted to a series of articles on the work of Francis H. McLean, pioneer social worker, who died last June. (See *Survey Midmonthly,* July 1945.)

The composite picture of Mr. McLean's work—in community organization, development of central councils of social agencies, organizing family societies, training in professional skills—is also a picture of the growth of family casework from 1900 to the present. Copies of this issue are available at 35 cents each or 10 copies or more at 30 cents each, from the Family Welfare Association of America, 122 East 22 Street, New York 10.

Education

A pledge that they will support no further school strikes on the racial issue was given by a committee of white and Negro pupils in the Gary, Ind., public schools last month. Plans already had been made for what would have been the third such strike to disrupt the Gary schools in the current academic year.

The students declared that they were dropping their earlier demand for the removal of Richard T. Nuzum as principal of the Froebel school. The storm center of the Gary school controversy had been Mr. Nuzum's insistence on the inclusion of Negro pupils in school activities. His policy and methods were upheld by an investigating committee of outside educators.

In its about-face, the committee of pupils asked that the mayor and the school board "provide for the enrollment of students regardless of race, creed or color to attend whatever school is located within the zone of their residence. Further, we urge that the complete facilities and all activities, clubs and programs of all schools be made available to all students." The committee membership included Mary Balles and Leonard Levanda, the two white seniors who had been the ringleaders in the two school strikes, and in the plans for a third.

According to *The Christian Century,*

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"Credit for the organization of the committee, and for the conferences which led up to the present stand belongs to the Gary Urban League."

Adult Education

Plans to expand and intensify efforts to meet more adequately the need for adult education among Negroes were made at the fifth annual conference on Adult Education and the Negro, held at Hampton Institute last month, under the joint auspices of the Associates in Folk Education, the American Association for Adult Education, and the extension division of Hampton. The conference unanimously recommended that a project committee be appointed and empowered to prepare and set in motion a series of special undertakings, such as programs for migratory farm laborers, family life problems, programs for housing projects, "Thursday Afternoon Off" institutes, and other schemes related to current needs and interests.

Civic Centers

Wider use of public schools as local civic centers in order to bring about better understanding between racial and religious groups in the neighborhood is urged in a recent report to John E. Wade, New York City's superintendent of schools, made by an advisory committee on human relations, headed by William F. Russell, dean of Teachers College, Columbia University.

The report reviewed the work of three such centers established a year ago, where school-community councils, set up under the leadership of school principals, are working toward a solution of such neighborhood problems as housing, delinquency, recreation, employment, as well as intergroup relationships.

On the basis of this experience, the report urges at least five additional centers in racially mixed neighborhoods. It suggests that a full time teacher be assigned to the work of each center; that a small fund for incidental expenses of printing, mimeographing, postage, and so on, be provided; that a meeting place be set aside as a permanent headquarters in each project; and that eventually a full time secretary be provided. The report asks that more teachers be trained for community leadership.

Wellesley Institute

A twelve-day summer institute for men and women interested in international affairs, race relations and economic problems will be held on the campus of Wellesley College, June 24 to July 5. The conference, which is open to all, is expected to bring together, as in other years, a group of people representing many vocations and many states and communities. Theme of the 1946 session is "Peace, Freedom, Jobs: Our Goals and Our Responsibilities." Ordway Tead, chairman of the Board of Higher Education of New York City, is head of the program committee. Further information from Dorothy P. Hill, 14 West Elm Avenue, Wollaston 70, Mass.

MISS BRECKINRIDGE

On April first, congratulatory messages from friends, colleagues and former students came to Sophonisba P. Breckinridge, on the occasion of her eightieth birthday. Professor of public welfare administration at the University of Chicago, Miss Breckinridge has seen public welfare in this country move from the days when social service was a form of generous almsgiving to the day when it may be regarded as a service of truly professional quality. No small part of the leadership which made this possible came from her.

Holder of honorary degrees from several leading universities, and a well remembered personality to many appreciative social workers who have studied with her, Miss Breckinridge is an alumna of Wellesley and the University of Chicago, and has been a member of the university's faculty since 1902. She is past president of the American Association of Schools of Social Work, and the author of a dozen important volumes on various aspects of social work.

Surrounded by five hundred notables in the field of medicine, education, and hospital administration, Annie W. Goodrich, "elder statesman of nursing education," celebrated her eightieth birthday last month as the guest of honor at a luncheon given by the *American Journal of Nursing*. In her speech to assembled friends and associates, Miss Goodrich urged "an integrated nationwide nursing education program to improve health standards throughout the United States."

Dean emeritus of the Yale University School of Nursing since 1934, Miss Goodrich was the organizer and first dean of this school as well as the Army School of Nursing in World War I. She has served as superintendent of nurses in New York's Post-Graduate, St. Luke's and Bellevue Hospitals, and as assistant professor in the department of nursing and health at Teachers College, Columbia University.

Am. Jour. of Nursing

MISS GOODRICH

As Foreign Students See Us

Suggestions to American campuses made by a representative sampling of the 10,341 foreign students studying in American institutions during the current academic year are included in the 1946 edition of *The Unofficial Ambassador*, annual publication of the Committee on Friendly Relations Among Foreign Students, 347 Madison Avenue, New York 17. The committee was organized in 1911, under the leadership of Dr. John R. Mott of the YMCA.

The problems of foreign students studying in American colleges and universities would be lessened, the students themselves report, by making plain the organization of the curricula; providing "classes in English as a foreign language"; better counseling on difficulties peculiar to foreign students; improved social facilities for foreign students, "which now by no means equal educational facilities"; helping the students gain a truer understanding of American institutions, history and customs; "removal of some of the irritating provincialism and ignorance of American students concerning foreign lands."

Hot Lunches in Kentucky

How the hot lunch program in the public schools of twelve rural counties in Kentucky has improved the health of a disadvantaged group of children is described in a recent release from the American Public Welfare Association. The program was started with a two-year foundation grant of $12,420. It was then taken over by the state department of education. Kitchens added to the one-room schoolhouses make possible a hot

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mid-day meal. The mothers of the children volunteered to help prepare the food, and contribute part of the materials. Children eat in the schoolroom and "take turns" serving and clearing up. In one county, 20 of the most undernourished children were put on a special program, with extra food at 10 a.m. and 3 p.m., and a rest after lunch. All gained from 3 to 11 pounds in the first month. The school lunch program is correlated with the anti-tuberculosis program of the Kentucky State Board of Health.

In Print

"Nosing Out Prejudices, a Project for High School People," by Fern M. Colborn is a stimulating program published by The Forerunners, 2929 Broadway, New York 25. Price ten cents.

The addresses delivered at the inauguration of Bryn J. Hovde as president of the New School for Social Research are published by the school, 66 West 12 Street, New York 11, under the title "The Education of This Generation." *(Survey Midmonthly,* January, page 17.)

Program chairmen seeking speakers for school assemblies or forums can find sources of lecturers and discussion leaders on almost any subject by using the new directory of 156 national organizations entitled "Where to Get Speakers and Discussion Leaders." Price 50 cents from the Program Information Exchange, 41 Maiden Lane, New York 7. The directory is the first volume of the Program Information Service Cumulative Directory to sources of program aids and materials.

The attractively illustrated annual report of the Play Schools Association, Inc., which describes the program of out-of-school activities carried on by that agency in New York City, will be of wide interest in other communities.

Veterans

Seventy-two apartments available in the low rent Fort Greene development. . . . Completion of "comparatively few" of the 800 or 900 contemplated dwellings at Manhattan Beach and the 700 at Fox Hills. . . . Two hundred forty homes "planned" for veterans in Flushing. These are typical New York news leaders of recent weeks which reflect the mounting difficulty which veterans are facing all over the country in finding any kind of place in which to live.

Facts about the basic needs and plans to meet them originally documented in the report of Wilson W. Wyatt, housing expediter, to President Truman in laying the foundation for the Veterans Emergency Housing Program, have been amplified in subsequent statements:

An urgent need for some 3,000,000 moderately and low priced homes and apartments during the next two years; at least 1,200,000 to be started in 1946; 1,500,000 in 1947.

Tripling the present labor force engaged in industrial reconstruction.

Priorities, and allocation of equipment of materials.

Wage-price adjustment where necessary and not inflationary.

As this issue of *Survey Midmonthly* goes to press, Congress has not taken final action on the President's program. With substantial amendments, including elimination of price ceilings on old housing and of the $600,000,000 premium payments designed to stimulate production of building materials, the Patman bill passed the House on March 6. The companion bill is now before the Senate, and it is still possible that these two features—considered the heart of the Wyatt program—may be restored. Despite the present situation, on March 15, Chester A. Bowles, stabilization director, in a transcribed broadcast predicted that "in the end you're going to see a good housing program come out of Congress." (See page 115 for an account of the annual meeting of the National Public Housing Conference.)

Unemployment

The present extent of unemployment among veterans can be measured in several different ways. According to the most recent report of the Bureau of the Census, 1,040,000 veterans were fully unemployed on February 9. This was a 200,000 increase over the number previously reported on January 12. A later but differently based index of the extent of veteran unemployment is to be found in the reports of unemployment compensation and readjustment allowances paid by the Veterans Administration. During the week of March 9, a total of 1,442,134 claims were paid. A third source, the United States Employment Service, reports that 61 percent of all applicants for jobs during February were veterans. On the other hand, veterans accounted for only 36 percent of all job referrals and 34 percent of all placements.

Seriousness of the above situation is somewhat mitigated by the fact that the winter months have seen demobilization at its peak—an average of about 1,000,000 men a month returning. Also the turnover on the unemployment compensation rolls is high. Altogether, about 2,500,000 men have received compensation while only a little more than half that number were on the rolls at the end of February. Only 10,000 of these had been receiving compensation long enough to exhaust their benefits.

In Print

"Veterans Information Directory" lists offices of Veterans Administration, employment agencies, veterans organizations, educational and vocational agencies, agricultural agencies, where the veterans may receive information and specialized services. The agencies are listed by states, giving the name and address of the executive officer. Price $2 from the Public Affairs Press, 2153 Florida Avenue, N.W., Washington.

Also from the Public Affairs Press, "Unions and Veterans" by A. M. Ramsay: questions and answers about labor's attitude on seniority, union membership, collective bargaining, and so on, including a directory of principal AFL and CIO national and international unions. Price 25 cents.

"Helping Disabled Veterans," published by the American Red Cross for its home service workers, gives specific information about diseases and disabilities and their meaning to the disabled person. From the American National Red Cross, Seventeenth and D Streets, N.W., Washington 13.

"The Peoria Plan for Human Rehabilitation" describes the plan worked out by this community to meet the needs of disabled men returning from military to civilian life. Examples of successful adjustment of the physically handicapped to industry and business are given by way of describing experiences of Peoria employers. "The Peoria Plan," 415 Liberty Street, Peoria 2, Ill.

"Industrial Rehabilitation," published by the American Museum of Safety and the Center for Safety Education, New York University, is a collection of nineteen articles on present practices in industry, with a foreword by Brigadier General F. T. Hines. Price 35 cents from the university, New York City.

Educational Notes

Sixty-six percent of the 11,684 men students registered at Columbia University are former servicemen. "Unless a student activity has a close relation to his educational interests, the veteran is not interested," reports Edward J. Grant, university registrar. . . . Fall enrollment will go up to 200,000, double the peace-

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time peak, Governor Thomas E. Dewey told the heads of New York State's eighty-five colleges and universities at a recent emergency conference in the state capital.

Veterans Insurance

The fact that a majority of servicemen are letting their government life insurance lapse is giving concern to the Veterans Administration and advisers in local service centers. In many cases, at least, the reason is said to be merely oversight or neglect. Reinstatement is easy, however, and service centers are being urged to make this clear to the men with whom they come in contact. If the lapse has been no longer than three months, the veteran does not have to take a physical examination. If more than three months, he must do so. In either case, he must pay two months' back premiums.

Mental Health

Sponsorship of eleven mental hygiene bills in the recent session of the New York State legislature represented the first half year's work of the People's Committee for Mental Hygiene, which was organized last fall with Ellen C. Philtine, author of "They Walk in Darkness," as chairman. Taking "a new and dynamic approach to the concern for the welfare of the mentally ill," the committee has worked through specialized, representative subcommittees with technical assistance from those experienced in framing legislation, toward its dual purpose of "enlightening the public as to its responsibility toward the nearly 100,000 patients in the New York State mental hospitals," and enlisting support of a continuous program of progressive legislation.

Sponsors of the committee who represent not only New York State but several other states, include psychiatrists, psychologists, clergymen, social workers, parents, nurses, attendants, and members of organizations of recovered patients and of the relatives of patients still confined to state hospitals.

The committee has so far focused its attention on helping raise the standards of care and treatment in state mental hospitals. The bills before the legislature dealt with nutrition control; civil service changes to obtain more and better trained personnel; expansion of family care for patients in outside communities; separation of children, aged patients, psychopaths, and alcoholics; and more humane consideration of the relatives of the patients.

1888—LINTON B. SWIFT—1946

Linton B. Swift, well-known to social workers the country over, died in New York, April 11, after a brief illness.

General director of the Family Welfare Association of America for twenty-six years, Mr. Swift had previously been associated with agencies in Louisville, Ky., and St. Paul, Minn.

Mr. Swift was born in St. Paul, Minn., graduated from the University of Minnesota, and the St. Paul College of Law. He practiced in St. Paul for seven years before joining the army in 1917.

After the war, Mr. Swift served on the U. S. Peace Commission, where he first became interested in social work. Later, during the depression, he was a member of the advisory committee of the Federal Security Agency.

Author of several pamphlets and many articles on social work, Mr. Swift had held office in the National Conference of Social Work, the AASW, and the National Social Work Council. He also helped organize the National Case Work Council and the National Social Welfare Assembly.

Status of the bills shows that certain of the committee's objectives are already being attained. In two cases, proposals are being incorporated into administration bills. One other project will be assigned to an existing commission.

For the Mentally Ill Child

As a result of action taken by the Massachusetts Department of Mental Hygiene, effective January 1, the Metropolitan State Hospital has been designated to receive all patients fifteen years of age or under, from the entire state, according to the January issue of the *Bulletin* published by the Massachusetts Society for Mental Hygiene. A hundred-bed unit has been set aside in the hospital in order to see that these young patients "may be properly segregated from the mentally ill adults and, at the same time, receive adequate educational and recreational facilities." Although the unit is now being used for psychotic children only, it is planned that as soon as practicable it will also be open for separately handled study and treatment of behavior problems in children.

The action of the department established the entire state, with the exception of the city of Boston, as a state hospital district for this age group. Boston children may be admitted to the Boston Psychopathic Hospital for a period of study only. The *Bulletin* suggests that the Massachusetts plan may lead to the development of an important center for study, treatment, and care of both problem and psychotic children.

Placement Service

A psychiatric personnel placement service has been established under joint auspices of the American Psychiatric Association and the National Committee for Mental Hygiene. Designed to help physicians and psychiatrists make contact with such training opportunities as residencies, postgraduate courses and fellowships, the service also will aid institutions in locating suitable candidates for appointments.

Medical schools, hospitals, clinics, industrial organizations, and others employing or training psychiatric personnel are being invited to submit full information regarding available positions and courses. Foundations, universities, and other agencies are being asked to report pertinent fellowships in psychiatry, psychosomatic medicine, and child guidance.

Inquiries may be addressed to Captain Forrest M. Harrison (MC) USN, National Committee for Mental Hygiene, 1790 Broadway, New York 19.

Jobs and Workers

In an effort to improve labor-management relations in Toledo, Ohio, the city council has approved an "industrial relations" charter. The agreement creates a tripartite committee of eighteen members which will carry on fact-finding and provide arbitration facilities. The committee, which is to be equally representative of labor, management, and the public, will be named by the mayor.

The aim of the committee is not only to settle disputes, but to "cultivate conditions and relationships in the community" that will prevent them.

The committee will be guided in its work by the six-point charter, under which: management acknowledges the right of employes to organize and to bargain collectively; labor recognizes "the inherent right of management to direct the operations of the enterprise"; neither management nor labor will discriminate against any employe because of race or

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color; management and labor will seek to improve productive efficiency and to further technological advances; "labor and management realize that differences and disagreements should be minimized by joint discussion and by voluntary utilization of mediation, fact-finding and arbitration facilities, made available through the labor - management - citizens committee"; labor and management agree "that an educational program is desirable to promote a better understanding among workers, union officials, supervisors, foremen, and managers."

Child Labor

The National Child Labor Committee calls attention to two amendments to S. 1349, the pending measure which would strengthen and extend the Fair Labor Standards Act. Both the amendments were introduced by Senator Fulbright of Arkansas. The first would exempt children engaged in messenger work from the child labor provisions of the act. The committee comments, "This would mean that there was no minimum age under the federal law for telegraph messenger boys. They would be subject only to state laws which, in most states, set only a fourteen-year age minimum, and in some states set no age minimum." The second amendment would permit lower wage rates for messenger boys under eighteen years than for adult messengers. The National Child Labor Committee points out that "this would inevitably result in the replacement of older workers by school-age children."

Seniority and Veterans

A non-veteran of more seniority cannot be displaced to make room for a returning serviceman, according to the decision in the first case affecting the reemployment rights of a veteran to reach a federal appellate court. The appeal was taken by Local 13 of the Independent Union of Maritime and Shipbuilding Workers, CIO. The case involved a welder, a veteran, who, under the terms of a union contract, was twice temporarily laid off by a Brooklyn drydock and repair company in favor of other welders with greater seniority. The veteran claimed priority over all but veterans during the one year's reemployment at his prewar job, guaranteed him by the Selective Service Act. In the opinion in the case, written by Judge Learned Hand, with Judge Jerome N. Frank concurring, the Court said, "It seems to us beyond debate that it was not intended that the veterans should gain in seniority."

In April Survey Graphic

Meet Two Families — *Dorothy Canfield Fisher*
Our Newest Americans — *Maurice R. Davie*
Full Circle, 1848-1946 — *Alvin Johnson*
Europe's Empty Bread Basket — *Roy F. Hendrickson*
Asia's Broken Rice Bowl — *Pierce Williams*
The Long Shadow of Mr. Bowles — *Caroline F. Ware*

Henry Street Contract

The Henry Street Settlement, on New York's lower East Side, last month signed its first contract with the Social Service Employes Union. The agreement includes a minimum wage provision ($1,560 a year), voluntary dues checkoff, four weeks vacation for all workers. At the start of the negotiations, the settlement formulated its collective bargaining policy thus: "Our approach to this agreement between the union and the settlement starts with the basic assumption that both settlement and union have kindred objectives, namely, the advancement of living and working conditions. . . . It is our hope and belief that a union agreement can be worked out which may give greater security to staff members and at the same time, further rather than handicap, the service that Henry Street offers its neighbors."

The National Federation of Settlements has been on record since 1938 as favoring collective bargaining in neighborhood houses. Contracts similar to the Henry Street agreement have been negotiated in other settlements in New York City, and in several other cities.

In Print

"Religion and Labor," a 32-page pamphlet published by the National Religion and Labor Foundation, 106 Carmel Street, New Haven 6, Conn., suggests projects for joint church and union action, and outlines in detail a method for attacking the problem of race prejudice.

MABEL THORP BOARDMAN, for twenty-five years national secretary of the American Red Cross, died in Washington in March at the age of eighty-five.

Her career of service to the Red Cross is well summed up in the citation given her by the late President Roosevelt, on the occasion of her retirement in 1944: "To Mabel Thorp Boardman, inspirer of the organization and administration of the American Red Cross, leader of men and women in the vision of the Red Cross as a national and international instrument of service, practical idealist, tireless, loyal, wise and constant, possessed of many talents, she has devoted her life to one purpose—the American Red Cross."

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BOOK REVIEWS

PSYCHIATRIC PRIMER FOR THE VETERAN'S FAMILY AND FRIENDS, by Alexander Dumas and Grace Keen. University of Minnesota Press. $2.

THE RETURNING VETERAN HAS TRIGgered a barrage of literature concerned with his resorption into civilian life. More thoughtful authors identify the involved problems as disorders of our culture rather than of the veteran himself. Some extremists have protested the idea that the veteran is a changed man, not willing to face the uncomfortable fact that four years of time cannot pass without change in everything.

But has not this barrage really come from the anxieties of the writers and the consumers of their writings? There is without doubt an anxiety bred of our failure to make November 11, 1918 an end to world wars, a failure to have forestalled the disasters of World War II, and a fear that our sins are catching up with us. The victims of our sins are those veterans. The worst victims can only haunt our consciences but the living victims have our fate in their hands. Our future is in the hands of the veteran. Some who are worried about it do not like to be reminded of it, so they protest against the barrage and the idea that the return of the veteran poses a problem. Because of this grave element most of the writings have been sound; sound in fact and constructive in spirit.

The book under review, "A Psychiatric Primer for the Veteran's Family and Friends," is also sound and constructive. It is more limited in scope than preceding books for it focuses more on the specially handicapped veteran. It begins as a story of five returning men whose women folks await them at a railway station. In the case of one the handicap is merely that which any soldier might have experienced by the mere fact of having been away. The others, however, are more specifically injured, representing paralysis, psychosis, amputation, and psychoneurosis.

An especially good point is made of a more enlightened attitude of industry toward the handicapped than has been prevalent in the past: that industry's obligation toward the handicapped should be to use his assets to the fullest extent, to compensate him accordingly, and not to provide him with charity. It should be strictly a business proposition.

There are few spots in this book that warrant specific criticism. There is some question as to whether the government is or should be as free, as is implied, in telling employers or any one else the diagnoses of veterans without the consent of the veteran himself. There is an implication that the diagnosis of psychoneurosis is arrived at by excluding the presence of physical disability and the presence of psychosis. The fact is that psychoneurosis has some very positive characteristics without which the diagnosis would be unwarranted in spite of negative physical examination. Also, it may well be questioned whether one could have an epileptic seizure so slight and short that no one is aware of it. How then could we say that it ever existed? In spite of these reservations, this book deserves serious reading.

GEORGE S. STEVENSON, M. D.
Medical Director, The National Committee for Mental Hygiene

JUVENILE DELINQUENCY AND THE SCHOOL, by William C. Kvaraceus. World Book Company. $2.

IT HAS LONG BEEN OBVIOUS THAT THE school, in our civilization, is elected to do something about juvenile delinquency. It does not want to; it protests; it wriggles and squirms; it says, "We haven't time." And it takes refuge in the pathetic appeal *ad hominen:* "Our poor classroom teachers are already overworked"—frequently forgetting to add "and underpaid."

Meanwhile, it scolds children, keeps them after school, gives them extra tasks, sends them to the principal, often grades their deportment, gives testimony to the juvenile court, is called upon by the probation officer—unable to escape responsibility for mischievous and unruly conduct.

Time? Time is essentially a matter of inclination and number of people to do allotted work. And who said anything about the classroom teacher being the chief reliance of the school in a program to diminish delinquency and reeducate the delinquent?

When the school catches up with the policeman and the parent, and learns that juvenile delinquency is, on the whole, unruly conduct, and that juvenile delinquents are practically all school children, it will come out of its stupor and welcome both its responsibility and opportunity. Fortunately some schools are doing this—and some educators and municipal officials are trying to demonstrate ways in which the school can be useful.

This book describes such effort in an industrial city of 60,000 population—Passaic, N. J. Passaic has a children's bureau, which is an integral unit of its school system. In charge of this bureau is an assistant superintendent of schools.

(Continued on page 125)

New Goals for Old Age

Edited by George Lawton, Director, Old Age Counselling Center, New York City.

"This intelligent discussion will furnish helpful enlightenment to the administrators of institutions for the care of the aged, to employers who have to decide about the retirement of aging workers, to the makers and moulders of public policies with respect to old age, to families in which one or more of the older generation are members, and to the old people themselves." —*The Christian Century.*
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For Fall, 1946

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DIRECTORY OF SOCIAL ORGANIZATIONS

American Red Cross

THE AMERICAN NATIONAL RED CROSS—Administered through national headquarters in Washington, D. C., and five area offices in New York, N. Y., Alexandria, Va., Atlanta, Ga., St. Louis, Mo., San Francisco, Calif. There are 3,757 local chapters organized mostly on a county basis. Services of the Red Cross are: Services to the Armed Forces, Services to Veterans, Relief to prisoners of War, Blood Donor Service, Disaster Relief and Civilian War Aid, Office of the Medical Director, Nursing Service, Nutrition Service, First Aid, Water Safety and Accident Prevention, Volunteer Special Services, American Junior Red Cross, and Foreign War Relief.

Blind

AMERICAN FOUNDATION FOR THE BLIND, INC.—15 West 16th Street, New York. A national organization conducting research and field service. Library. Mechanical appliances for the blind. M. C. Migel, President; Robert B. Irwin, Executive Director.

Community Chests

COMMUNITY CHESTS AND COUNCILS, INC., 155 East 44th Street, New York. Information and consultation about cooperative planning and financing of social work through chests and councils of social agencies.

Family Living

ASSOCIATION FOR FAMILY LIVING, THE. Resource in child guidance, marriage, and family relations. Speakers, counseling, library and materials in youth and parent education. 209 S. State St., Chicago.

THE AMERICAN INSTITUTE OF FAMILY RELATIONS (inc. 1930), directed by Paul Popenoe. Public education, personal service, research. Write for list of publications, 607 S. Hill St., Los Angeles, Calif.

Foundation

RUSSELL SAGE FOUNDATION—For the Improvement of Living Conditions—Shelby M. Harrison, General Director, 130 E. 22nd St., New York 10. Departments: Arts and Social Work, Charity Organization, Consumer Credit Studies, Industrial Studies, Library, Social Work Interpretation, Social Work Year Book, Statistics, Studies in the Professions. The publications of the Russell Sage Foundation offer to the public in practical and inexpensive form some of the most important results of its work. Catalogue sent upon request.

Industrial Democracy

LEAGUE FOR INDUSTRIAL DEMOCRACY—Promotes a better understanding of problems of democracy in industry through its pamphlets, research and lecture services and organization of college and city groups. Executive Director, Harry W. Laidler, 112 East 19th Street, New York 3, N. Y.

Information Bureau

NATIONAL INFORMATION BUREAU, INC., 205 East 42nd Street, New York 17, N. Y. A non-profit Bureau, established in 1918, to improve standards in the field of philanthropy, national and international, and to advise contributors in their giving. Some 700 different philanthropic agencies are inquired about annually. The Bureau investigates agencies and reports whether eleven essential standards as to reliability and effectiveness are met. Bureau members who are eligible for its confidential reports include individuals, corporations, chambers of commerce, some 500 local community chests and councils, and 40 foundations. Publishes annually "Giver's Guide to National Philanthropy," price 10c, and periodic newsletters to members. Inquiries welcomed.

This DIRECTORY appears in Survey Midmonthly twelve times a year.

Rates are 30 cents a line (actual) per insertion. For information contact the Advertising Department.

Child Welfare

BERKSHIRE INDUSTRIAL FARM, Canaan, New York. A national, non-denominational farm school for problem boys. Boys between 12 and 14 received through private surrender or court commitment. Supported by agreed payments from parents or other responsible persons, in addition to voluntary contributions. For further information address Mr. Byron D. Paddon, Superintendent, or the New York Office at 101 Park Ave. Tel.: Lex. 2-3147.

BOYS' ATHLETIC LEAGUE, INC., 70 Fifth Avenue, New York 11, N. Y. Coordinates the athletic work of 100 Boys' Clubs, Settlement Houses and Community Centres in Greater New York. Gustavus T. Kirby, Honorary President; Judge Raphael P. Koenig, President; Robert E. McCormick, Treasurer; Willard L. Kauth, Director. Sponsors the Benjamin Harrison Recreation Center, 657 Tenth Avenue, the Theodore Roosevelt Recreation Center, 698 Tenth Avenue, The Lincoln Recreation Center, 235 West 113 Street, The Tot Lot, 422 West 49th Street, Camp Sebago, Camp Wakonda and Camp Orenda in the Interstate Park.

BOYS CLUBS OF AMERICA, INC., 381 Fourth Avenue, N.Y.C.—David W. Armstrong, Exec. Dir. A national organization. Serves member Clubs in programs, activities, methods, financing. Organizes new Clubs. BoysCluBs prepare boys for responsibilities of citizenship. Activities include recreation, physical and health training, vocational training and guidance, and character building under leadership. Work with boys from low income areas.

BOY SCOUTS OF AMERICA, 2 Park Ave., N.Y.C. Inc. in 1910 & chartered by Congress in 1916 to develop character in boys & train them in citizenship. Programs: Cubbing, boys 9-11; Scouting, 12 and older; Senior Scouting, 15 years and older, available locally through sponsorship by schools, churches, fraternal orders, civic groups, etc. Walter W. Head, Pres., Dr. Elbert K. Fretwell, Chief Scout Executive.

CAMP FIRE GIRLS, INC., 88 Lexington Ave., New York City 16. Dr. Bernice Baxter, President; Miss Martha F. Allen, National Executive. Founded by a group of educators; incorporated 1912. Oldest national organization in America serving girls, provides health and character building program, with emphasis on home skills. Age groups served are Blue Birds (7-9 years), Camp Fire Girls (10 through junior high school age), and Horizon Clubbers (senior high through junior college).

CHILD WELFARE LEAGUE OF AMERICA—130 E. 22nd Street, New York City. A league of children's agencies and institutions to secure improved standards and methods in their various fields of work. It also cooperates with other children's agencies, cities, states, churches, fraternal orders and other civic groups to work out worthwhile results in phase of child welfare in which they are interested.

NATIONAL CONFERENCE OF JUVENILE AGENCIES—Devoted to improving methods of care and rehabilitation of delinquent, dependent and neglected children and prevention and treatment of juvenile delinquency. Annual meeting, "The Proceedings," sent to members. Fee $3.00. Established 1903. Executive Secretary, E. L. Johnstone, Woodbine, New Jersey.

THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, INC., Chicago, Illinois. E. W. Palmer, Kingsport, Tenn., President; Lawrence J. Linck, Executive Director. Promotes organization of national, state, provincial and local societies in behalf of the handicapped. Renders professional field consultation services. Assists in drafting and securing the passage of legislation in behalf of cripples. Maintains a Bureau of Information with loan library service. Conducts yearly an Easter Crippled Children Seal Campaign. Bulletins, "The Crippled Child" magazine, bimonthly, $1 a year.

Penology

THE OSBORNE ASSOCIATION, INC., 114 East 30th Street, New York, N. Y. Telephone CAledonia 5-9720-9721. Activities:—Collects information about correctional institutions and works to improve correctional methods and standards. Aids released prisoners in their problems of readjustment by securing employment and giving such other assistance as they may require. Austin H. MacCormack, Exec. Dir.

Racial Adjustment

NATIONAL URBAN LEAGUE with 54 branches seeks to improve living and working conditions among Negroes. Conducts surveys and research as basis for its services. During war and post-war period specializes in securing full use of Negro manpower in production and reconversion. Publishes "Opportunity," Journal of Negro Life, and other special bulletins on interracial and community problems. Provides fellowships in Social Work and Labor Relations. Gifts solicited. 1133 Broadway, New York 10.

TUSKEGEE INSTITUTE, since 1881, has followed a program of service in offering practical training for Negro youth and in promotion of interracial good will. Maintains Department of Records and Research for compiling and releasing pertinent information on race relations and Negro progress. Published material available. F. D. Patterson, President, Tuskegee Institute, Alabama.

Recreation

NATIONAL RECREATION ASSOCIATION—315 Fourth Ave., New York City. To bring to everybody in America, young or old, an opportunity to find the best and most satisfying recreational use of leisure time through participation in music, drama, sports and games, arts and crafts, nature activities; and to help secure adequate playground, recreation centers, swimming pools, beaches, athletic field and other recreational facilities.

Religious Organizations

HOME MISSIONS COUNCIL OF NORTH AMERICA—297 Fourth Ave., New York City. The inter-denominational home mission body of 23 denominations. Executive Secretaries, Edith E. Lowry, Mark A. Dawber; Migrant Supervisors: Western, Mrs. F. E. Shotwell, 3330 West Adams Blvd., Los Angeles, Calif.; Mid-Western, Miss Helen White, 203 North Wabash Ave., Chicago, Ill.

NATIONAL JEWISH WELFARE BOARD, 145 East 32 Street, New York 16, N. Y. Frank L. Weil, President; Max Wilner, Treasurer; Joseph Rosenzweig, Secretary; Louis Kraft, Executive Director. A national agency serving as National Association of Jewish Community Centers, YMHAs, etc., and providing welfare, religious and social activities for soldiers and sailors and other members of armed forces. A member of the United Service Organizations.

NATIONAL BOARD, YOUNG WOMEN'S CHRISTIAN ASSOCIATIONS, 600 Lexington Ave., New York City. An international Christian woman movement devoted to service for women and girls and the attempt to help build a society in which the abundant life is possible for every individual.

NATIONAL COUNCIL OF JEWISH WOMEN, 1819 Broadway, New York 23, N. Y. FIFTY YEARS' SERVICE TO FAITH AND HUMANITY. SERVICE TO FOREIGN BORN—Immigrant aid, port and dock work, naturalization aid, Americanization classes, location of relatives in war-separated families. SOCIAL WELFARE AND WAR ACTIVITIES—Council houses and clubs, nurseries, clinics; scholarships, camps, teen-age canteens; work with handicapped. Participation in national wartime programs through educational projects and community activities. EDUCATION DIVISION—Contemporary Jewish affairs, international relations and peace, social legislation. Study groups under national direction keep Jewish women throughout country alert to vital current issues. 215 Senior Sections in United States. 100 Junior and Councilette Sections. 65,000 members.

NATIONAL COUNCIL OF YOUNG MEN'S CHRISTIAN ASSOCIATIONS—347 Madison Ave., New York City; 1187 local Associations federated for Christian leadership and citizenship training among young men and boys.

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Directory of Social Organizations (cont.)

Health

MERICAN SOCIETY FOR THE HARD OF HEARING—1537 35th Street, N.W., Washington 7, D. C. A national organization devoted to prevention of deafness, conservation of hearing and rehabilitation of the hard of hearing. Monthly publication, HEARING NEWS, $2.00 a year. Literature for sale. Information given concerning problems of the hard of hearing. Field Service. C. Stewart Nash, M.D., President; Harry P. Wareham, Executive Vice President.

!ATIONAL JEWISH HOSPITAL AT DENVER, 3800 East Colfax Ave., Denver, Colorado. Samuel Schaefer, Executive Director, Chas. J. Kaufman, M.D., Medical Director. Free, nonsectarian for needy tuberculous adults and children. (Kosher dietary.) Maintains children's service. Medical, educational, vocational, occupational, psychological, psychiatric and social services. H. J. Corper, M.D., Research Director. Mrs. Ruth Axelrad, director of Social Service and Vocational Therapy. New York area: 19 West 44th St., Herman Sanders, director; applications to Mrs. Erna L. Lindenbaum, director of Social Service. Philadelphia area: 1831 Chestnut St., Harold Greenspun, director. Chicago area: 30 North La Salle St. Other applications through local Jewish Federation and Welfare Funds or direct to Hospital.

!ATIONAL TUBERCULOSIS ASSOCIATION —1790 Broadway, at 58th St., New York, Dr. Kendall Emerson, managing director. Pamphlets of methods and programs for the prevention of tuberculosis. Publications sold and distributed through state associations in every state. American Review of Tuberculosis, medical journal, $8.00 a year; and Monthly Bulletin, house organ, free.

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HE RESEARCH COUNCIL ON PROBLEMS OF ALCOHOL, 60 East 42nd Street, New York 17, N. Y. An associated society of The American Association for the Advancement of Science. Its aim is to help bring about, through research and education, a continuing reduction in alcoholism and the alcoholic psychoses, accidents, inefficiency, and various states of ill health associated with the excessive use of alcohol. Members pay five dollars per year or more.

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National Conference

ATIONAL CONFERENCE OF SOCIAL WORK—Kenneth L. M. Pray, President, Philadelphia, Pa.; Howard R. Knight, Secretary, 82 N. High St., Columbus, Ohio. The Conference is an organization to discuss the principles of humanitarian effort and to increase the efficiency of social service agencies. Each year it holds an annual meeting, publishes in permanent form the Proceedings of the meeting and issues a quarterly Bulletin. Proceedings are sent free of charge to all members upon payment of a membership fee of $5. 73rd Annual Meeting, Buffalo, N. Y., May 19-25, 1946.

Social Work Personnel

)CIAL WORK VOCATIONAL BUREAU, 122 East 22nd Street, New York City. National placement and counseling service in case work fields. Membership organization for social workers and agencies. No placement fee. Louise C. Odencrantz, Director.

chosen for special fitness for this kind of work. Among the staff members are a psychologist, a psychiatric social worker, two so-called attendance officers (in effect, visiting teachers), four persons assigned by the chief of police (one a policewoman), and clerical assistants. To this bureau are referred those children of Passaic who get into trouble, whether by mischief, obvious bad adjustment to their surroundings, or actually falling into the hands of the police. Children caught by the police are turned over to this bureau for study and treatment—a revolution.

The bureau has all the necessary legal authority to proceed from that point on. Children are also referred to the bureau by schools, social agencies (including recreational), churches, complaints by neighbors, and, yes, parents. The bureau uses available facilities: state mental hygiene clinics, clinics at local hospitals, private welfare agencies, individual practitioners, recreational groups, plus its own diagnostic study, supervision, and treatment. It is the city's central operating agency and influence in the treatment and prevention of juvenile delinquency.

Other cities preceded Passaic in starting such programs, and some have developed larger organizations (with significant differences), but this is perhaps the fullest account of the workings and implications of a program of this kind. It will be seen that the responsibility of the classroom teacher becomes primarily that of deciding when a child needs special help, and thus her complaint is dismissed. It will be seen also that the question of time is taken care of, since a special unit has been added to the school organization. The book discusses the first 750 cases referred to the bureau, attempting some conclusions, but goes beyond that and becomes in a sense a text on the program of a unified community attack against juvenile delinquency.

WINTHROP D. LANE
Washington, D. C.

OUT OF CARNAGE, by Alexander R. Griffin. Howell, Soskin. $3.

IN EVERY WAR THE STRUGGLE BETWEEN life and death takes place not only in the front lines but behind them, in the effort to save the wounded from death and disability, to protect the healthy from disease, and to cure the sick. From this effort, paradoxically intense amidst the horrors and destructiveness of war, arise discoveries and techniques which mean, if they can be applied in peacetime for the benefit of all, enormous strides in the betterment of human health.

"Out of Carnage" is an effort to bring together the stories of the advances in medicine and in the protection of health coming from the military experiences of this war—penicillin, DDT, control of malaria, the newer psychiatry, blood plasma, and the rest. The implications of them all, taken together, are stupendous and the panoramic view of them given in this book is its chief virtue. Each chapter is devoted to a particular topic; each story is worth telling, and is accurately told.

The author, at his best, is an excellent and absorbing narrator. The accounts of the control of malaria and typhus are splendid examples of scientific exposition for the nontechnical reader.

Unfortunately, the book is uneven in quality and some subjects, interesting in themselves, are treated in an awkward and overtechnical manner. There are irritating errors in typography and spelling, some minor errors in fact, and several word-for-word repetitions that mark the book as too hasty a job. In spite of this, it is worth reading for the wealth of factual material about the medical miracles of this war.

DEAN A. CLARK, M. D.
Medical Director, Health Insurance Plan of Greater New York

A CHINESE VILLAGE, by Martin C. Yang, Columbia University Press. $3.

HERE IS A DESCRIPTION OF THE AUthor's own village, covering individual, family, neighborhood, and community aspects, written with frankness, honesty, and without pretense. Interpretation is left largely to the reader, but the basis for interpretation is clear. The author's own conclusion about the basic unit for progressive community development is sound and could only be made by one thoroughly familiar with Chinese villages and market towns. In other words, one finds for the subjects described, most of the answers for the inquiring mind. The intimate experience of the author is reflected in his description of such subjects as the economic urge within the family and clans, conflicts caused by introduction of Christianity, "face," and failure of reformers to establish a new tea house in a center other than the accustomed market town.

Dr. Yang concludes that political democracy within the rural community does not exist. Moreover, he explains how the new county system and its subdivisions, recently organized in China, cuts across natural administrative units. He rightly criticizes the system because the sub-units of administration are too small to support the administrative officers required.

An excellent index makes possible easy reference to any subject pertaining to rural village life. J. LOSSING BUCK
Professor in Agricultural Economics University of Nanking

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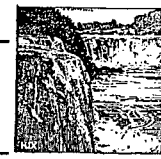
Associate and Special Group Meetings



AMERICAN ASSOCIATION ON MENTAL DEFICIENCY

Exhibit and Consultation at Booth
American Journal on Mental Deficiency, $4.00 per year
Annual Meeting, Montreal, Canada, October 2, 3, 4 and 5, 1946

AMERICAN ASSOCIATION OF PSYCHIATRIC SOCIAL WORKERS

See Program for National Conference
Consultation Service Available at Booth of National Committee for Mental Hygiene

AMERICAN ASSOCIATION OF SOCIAL WORKERS

May 17, 18 and 19, Delegate Conference, Hotel Statler
May 18, 7:00 P.M.—25th Anniversary Dinner, Hotel Statler
May 23, 2:00 to 3:30 P.M. Meeting on Registration and Licensing of Social Workers
Consultation and literature at Association's Booth

AMERICAN ASSOCIATION FOR THE STUDY OF GROUP WORK

Annual Meeting, Buffalo, New York, May 20-23, 1946
Consultation service available at booth
Afternoon sessions: Monday, Tuesday, Wednesday, Thursday
Evening meeting: Thursday

AMERICAN HOME ECONOMICS ASSOCIATION
620 Mills Building, Washington 6, D. C.

Department of Social Welfare and Public Health
Exhibit and Consultation at Booth and Afternoon Sessions
Headquarters: Lafayette Hotel

AMERICAN LEGION

National Child Welfare Division

THE AMERICAN NATIONAL RED CROSS

Delegates invited to visit headquarters booth and attend meeting on "Volunteers—From War to Peace," 2:30 Tuesday afternoon, May 21, sponsored jointly by the Red Cross and the National Committee on Volunteer Services of Community Chests and Councils

AMERICAN SOCIAL HYGIENE ASSOCIATION

Meeting May 23rd, 8:30 P.M. Hotel Statler
"An Experiment in Cooperative Community Organization"
Consultation service at exhibit booth

CHILD WELFARE LEAGUE OF AMERICA, INC.

Headquarters—Hotel Lafayette
Consultation at Booth and Hotel
Afternoon sessions: Monday, Tuesday, Thursday, Friday
Annual meeting Thursday evening—see Program

CHURCH CONFERENCE OF SOCIAL WORK

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For program and information address:
Dr. Beverley M. Boyd, 297 Fourth Avenue, New York 10

COMMUNITY CHESTS AND COUNCILS, INC.

Headquarters, Statler Hotel
Consultation Service, Exhibit
Social Service Index
Committee on Volunteer Service

FAMILY WELFARE ASSOCIATION OF AMERICA

Headquarters, Hotel Statler
Membership meeting, Thursday evening, Hotel Statler
Publications display and staff appointments, Memorial Auditorium

THE NATIONAL ASSOCIATION OF SCHOOL SOCIAL WORKERS

May 20th, 2:00 to 3:30 P.M.
May 21st, 4:00 to 5:30 P.M.
May 24th, 9:00 to 10:30 A.M.—Joint group meeting with the Case Work Division

NATIONAL CHILD LABOR COMMITTEE

Consultation at booth
Meeting May 22, 2:00 P.M., Hotel Statler
Subject: Youth Employment and Education
Speakers: Eduard C. Lindeman; Roy Sorenson

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE, INC.

Meeting, Wednesday afternoon, May 22nd
Consultation at booth

NATIONAL CONFERENCE OF JEWISH SOCIAL WELFARE

Annual Meeting, Hotel Statler, Buffalo, May 15-19
For details, program information, etc., write to Herbert H. Aptekar, Secretary, 1841 Broadway, New York 23, N. Y.

NATIONAL COUNCIL OF HOUSING ASSOCIATIONS and NATIONAL PUBLIC HOUSING CONFERENCE

Cooperative exhibit booth on citizens' organizations in housing. Booth staffed courtesy of Buffalo Municipal Housing Authority

NATIONAL FEDERATION OF SETTLEMENTS

32nd Conference
May 16-19—Hotel General Brock, Niagara Falls, Ontario
May 20—4 P.M. Buffalo
Booth and Consultation Service

NATIONAL PROBATION ASSOCIATION

May 17-18, Statler Hotel
Subjects: probation, parole, juvenile courts, detention, community preventive movements
Consultation booth

NATIONAL PUBLICITY COUNCIL FOR HEALTH AND WELFARE SERVICES

Publicity materials and public relations techniques for health and welfare agency interpretation. Delegates are invited to headquarters booth—exhibit of publicity portfolios and consultation service by staff members

THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, INC., 11 SOUTH LA SALLE STREET, CHICAGO 3, ILLINOIS

May 24—Afternoon program—Auditorium Lecture Room

NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS, INC.

Wednesday, May 22, 4-5:30 P.M., Auditorium, Lecture Hall
Subject: Integration of Eye Services in Programs of Community Social Agencies
Exhibit and Consultation Booth

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

Delegates invited to visit booth for pamphlets and literature related to Planned Parenthood.
Meeting: Statler Hotel, Tuesday, May 21, 2:00 P.M. on "Infertility: Its Diagnosis and Treatment"

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CASE WORKERS, two, master's degree or equivalent, between 35 and 40, with experience in Child Welfare field. Position embraces work with the unmarried mother, home studies with the adoptive applicants, visits to adoptive homes. Salary range $230 to $250 a month. 8348 Survey.

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YOUNG WOMAN to direct new neighborhood house in midwestern city. Open June or July. 8343 Survey.

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CASE WORKERS. School of Social Work graduates, $180 beginning salary. Excellent staff development program and psychiatric staff consultant. Five-day week. Family Service, 1243 N. Van Buren Street, Milwaukee 2, Wisconsin.

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EXPERIENCED SUPERVISOR of case work for high standard family service agency in large West Coast city. Interesting possibilities. Salary commensurate with responsibilities. Write fully. Confidential. 8335 Survey.

CASE WORKERS—opportunity to participate in development of newly merged child and family agency offering well rounded experience in child and family welfare. School of Social Work graduates preferred with experience but will consider those with one year training. Five workers needed. Salary according to training and experience. Apply Child and Family Service, Inc., 215 Board of Trade Building, Norfolk 10, Virginia.

WORKERS WANTED

EXCELLENT OPPORTUNITY

CASEWORKER with supervisory experience for member agency Child Welfare League of America. Must be graduate accredited School of Social Work. Write—San Diego Children's Home, 1265 16th Street, San Diego 2, California.

CASEWORKER—Church agency in Baltimore, Maryland. Primarily to work with juveniles appearing in court. Also opportunity for family case work. Lutheran preferred. 8337 Survey.

CHILD WELFARE WORKERS for Miami and Jacksonville offices of The Children's Home Society of Florida. Openings for Case Workers and Field Representatives. Salary range $2,400 to $3,200, and all travel expenses including mileage at 7½¢. College education, graduate study at school of social work, and experience in children's work required. Apply to 403 Consolidated Bldg., Jacksonville 2, Fla.

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WORKERS AND SECRETARY-STENOGRAPHER (Women) needed for SOCIAL SERVICE AND RECORD DEPARTMENTS of FRONTIER NURSING SERVICE in the Kentucky Mountains. Write Director, Wendover, Leslie County, Ky.

CASEWORKER for private family and children's agency in midwest city. One year's training desired. If you have master's degree and experienced and interested in developing into supervisor, this may be your chance. 8342 Survey.

CASE WORK POSITIONS—Full and part time. Personnel Policy sent upon request. Interviews arranged at Buffalo National Conference of Social Work or as desired. Write, Personnel Department, Travelers Aid Society of Chicago, 608 South Dearborn Street, Chicago, Illinois.

DISTRICT WORKER: Salary Range, $250-$280 per month. Appointments at the minimum. Minimum Qualifications: College, 4 years. Graduate Study, 1 year at recognized school of social work, which must have included courses in Child Welfare and Public Welfare administration and Supervised Field Work in Child and Family Welfare. Experience: 3 years in the past 6 years of social work, one of which must have been in Child Welfare, one in Public Assitance and one in a Supervisory capacity.

SOCIAL SERVICE WORKER: Salary Range, $225-$255 per month. Appointments at the minimum. Minimum Qualifications: College 4 years. Graduate Study, 1 year at recognized school of social work which must have included courses in Child Welfare and Public Welfare administration and supervised Field Work in Child and Family Welfare. Experience: 1 year in the past 5 years of social work either in Child Welfare or in Public Assistance.

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